

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000029715

1. Entity Name
PATRICIA JOSEPH-BECKER P.A.



Principal Place of Business
220 SADOWSKI CAUSEWAY
KEY COLONY BEACH, FL 33051-0767

Mailing Address
220 SADOWSKI CAUSEWAY
KEY COLONY BEACH, FL 33051

FILED
Mar 15, 2004 08:00 AM
Secretary of State



03112004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1104230

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JOSEPH, JOHN P
7650 GIBRAITER COURT NORTH
SAINT PETERSBURG, FL 33709

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U00000088811
03/15/04-80067-003 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME JOSEPH, PAUL G
STREET ADDRESS P O BOX 510095
CITY - ST - ZIP KEY COLONY BEACH, FL 33151

TITLE D
NAME JOSEPH, JOHN P
STREET ADDRESS 7650 GIBRALTER COURT
CITY - ST - ZIP SAINT PETERSBURG, FL 33709

TITLE P
NAME JOSEPH-BECKER, PATRICIA
STREET ADDRESS 220 SADOWSKI CAUSEWAY
CITY - ST - ZIP KEY COLONY BEACH, FL 33051

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Patricia Joseph-Becker, PA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #