

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90816 020 ***150.00

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DOCUMENT # P01000036754

1. Entity Name
GLEB M. MCFATTER P.A.



Principal Place of Business
**222 INDUSTRIAL BLVD.
SUITE 188
NAPLES FL 34104-3735
US**

Mailing Address
**PO BOX 7622
NAPLES FL 34101
US**



2. Principal Place of Business
3150 SAFE HARBOR DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

NAPLES FL

City & State

4. FEI Number **59-3711550**

Applied For

Not Applicable

Zip

34117

Country

CDIER

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCFATTER, GLEB M
222 INDUSTRIAL BLVD.
SUITE 188
NAPLES FL 34104**

Name

Street Address (P.O. Box Number is Not Acceptable)

3150 SAFE HARBOR DRIVE

City

NAPLES

FL

Zip Code

34117

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

GLEB M. MCFATTER, DIRECTOR

4/25/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MCFATTER, GLEB M**
CITY-ST-ZIP **222 INDUSTRIAL BLVD. SUITE 188
NAPLES FL 34104**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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 my address, with all other like empowered.

SIGNATURE:

GLEB M. MCFATTER, Director

4/25/03 (239) 229-5416

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)