

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2002 8:00 am
Secretary of State

09-19-2002 90162 024 ***150.00

DOCUMENT # P01000040632

1. Entity Name
JOSE ENRIQUE IGUINA, PA

Principal Place of Business

**2939 PARK SQ. PLACE
AMELIA ISLAND FL 32034**

Mailing Address

**2939 PARK SQ. PLACE
AMELIA ISLAND FL 32034**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

593712637

Applied For

Not Applicable

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

**IGUINA, JOSE E
2939 PARK SQ. PLACE
AMELIA ISLAND FL 32034**

Name

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

City

FL

Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D IGUINA, JOSE E 2939 PARK SQ. PLACE AMELIA ISLAND FL 32034			
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Jose E. Igúina
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/2002
Date

(904) 753-3333
Daytime Phone #

CR2E034 (4/02)

Attachment
D#PO100040632

September 12, 2002

To whom it may concern,

Enclosed please find copies of original check and form sent to your office back on April 24, 2002. Also enclosed please find a new form along with check for \$150.00 dated September 12, 2002.

Upon my return to Florida two weeks ago I found a September 2002 notice of deadline which lead me to call your office and learn that my original check and form had not been received. Your customer service representative understood my situation and suggested that I write this letter of explanation.

I apologize for any inconvenience. This past year has been a difficult one for our family with the death of my mother.

Thank you for your time and help.

Kindest regards,


Jose Enrique Iguina