

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90075 003 ***150.00

DOCUMENT # P01000046055

1. Entity Name
MELINDA A. DELPECH, P.A.



Principal Place of Business

~~2180 MAIN ST~~
~~SARASOTA FL 34237~~

Mailing Address

~~2180 MAIN ST~~
~~SARASOTA FL 34237~~



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

46 N. Washington Blvd

3. Mailing Address

46 N. Washington Blvd

Suite, Apt. #, etc.

21A

Suite, Apt. #, etc.

21A

City & State

Sarasota FL

City & State

Sarasota FL

4. FEI Number

31-1770962

Applied For

Not Applicable

Zip

34236

Country

USA

Zip

34236

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DELPECH, MELINDA A
2180 MAIN ST
SARASOTA FL 34237

7. Name and Address of New Registered Agent

Name **Melinda A Delpech**

Street Address (P.O. Box Number is Not Acceptable)
46 N. Washington Blvd
Suite 21A

City **Sarasota**

FL

Zip Code
34236

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/3/03

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

TITLE **D** ☐ Delete
NAME **DELPECH, MELINDA A**
STREET ADDRESS **2180 MAIN ST** **46 N. Washington Blvd, 21A**
CITY-ST-ZIP **SARASOTA FL 34237** **Sarasota FL 34236**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE ☐ Change ☐ Addition
NAME
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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/3/03

941-365-4476

CR2E034 (10/02)