2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000052566 DOCUMENT

1. Entity Name

FRANCES "NINA" DEARING, P.A.



FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90128 020 ***150.00

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Zip Country Zip Country 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHEA, JOHN J JR. Street Address (P.O. Box Number is Not Acceptable)			Contract of the second				
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Country Country Country Country Country SHEA, JOHN J JR. SHEA, JOHN J JR. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Country S. Certificate of Status Desired Fee Required Name Street Address (P.O. Box Number is Not Acceptable)			ue, unit 413	835 SOUTH OSPREY AVEN	UE. UNIT 413 83	5 SOUTH OSPREY AVEN	835 SOUTH
City & State City & State 4. FEI Number 65-1119500 Applied For Not Applica Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name SHEA, JOHN J JR. Street Address (P.O. Box Number is Not Acceptable)	-			3. Mailing Address	ness 3.	Principal Place of Busin	2. Principal
Zip Country Zip Country 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHEA, JOHN J JR. Street Address (P.O. Box Number is Not Acceptable)	☐ CHECK HERE IF MAKING CHANGES		Suite, Apt. #, etc.			Suite, Apt. #, etc.	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHEA, JOHN J JR. Street Address (P.O. Box Number is Not Acceptable)	Applied For Not Applicable	4. FEI Number 65-1119500		City & State		City & State	City & St
SHEA, JOHN J JR. Street Address (P.O. Box Number is Not Acceptable)			Country	Zip	Country	Zip	Zip
SHEA, JOHN J JR. 2940 SOUTH TAMIAMI TRAIL Street Address (P.O. Box Number is Not Acceptable)	gent	7. Name and Address of New Registered Age		Registered Agent	and Address of Current Regis	6. Name	
2940 SOUTH TAMIAMI TRAIL		.	Name	· · · · · · · · · · · · · · · · · · ·			
		s (P.O. Box Number is Not Acceptable)	Street Address (· · · · · ·			-
SARASOTA FL 34239						SARASOTA FL 34239	
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 accepted obligations of registered agent.	amiliar with, and accept						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
	\$5.00 May Be Added to Fees	· · · · · · · · · · · · · · · · · · ·		State	03 Fee will be \$550.00	After May 1, 20	Aft
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	DIRECTORS IN 11	ADDITIONS/CHANGES TO OFFICERS AND DIF	11.		·		
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TITLE NAME DEARING, FRANCES "NINA" STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	Change Addition		NAME STREET ADDRESS		TH OSPREY AVENUE, UNIT 4	ME DEARING, REET ADDRESS 835 SOUT	NAME STREET ADDRES
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	Change Addition		TITLE NAME STREET ADDRESS	☐ Delete		LE ME REET ADDRESS	TITLE NAME STREET ADDRES
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			NAME STREET ADDRESS CITY-ST-ZIP		a information qualitary with the 5	ME REET ADDRESS Y-ST-ZIP	NAME STREET ADDRES CITY-ST-ZIP

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: