

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2003 8:00 am
Secretary of State

07-23-2003 90056 026 ***550.00

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DOCUMENT # P01000062227

1. Entity Name
JENNIFER A. SINKLER, P.A.



Principal Place of Business
**230 ROBIN HOOD CIR., #202
NAPLES FL 34104**

Mailing Address
**230 ROBIN HOOD CIR., #202
NAPLES FL 34104**



2. Principal Place of Business
230 ROBIN HOOD Cir #202

3. Mailing Address
230 ROBIN HOOD Circle

Suite, Apt. #, etc.
202

Suite, Apt. #, etc.
202

City & State
NAPLES, FL

City & State
NAPLES, FL

Zip
34104

Country
Collier

Zip
34104

Country
Collier

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3729584**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SINKLER, JENNIFER A
230 ROBIN HOOD CIR., #202
NAPLES FL 34104**

7. Name and Address of New Registered Agent

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

Jennifer A. Sinkler, P.A.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 PRESIDENT
NAME
SINKLER, JENNIFER A
STREET ADDRESS
230 ROBIN HOOD CIR., #202
CITY-ST-ZIP
NAPLES FL 34104

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *JENNIFER A. SINKLER, PA*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/03 239-417-1351

Date

Daytime Phone #

CR2E034 (4/03)