

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90181 020 ***150.00

DOCUMENT # P01000072270

1. Entity Name
BARBARA A. GARCIA, P.A.



Principal Place of Business
**4063 CRESCENT CREEK DR.
COCONUT CREEK FL 33703**

Mailing Address
**4063 CRESCENT CREEK DR.
COCONUT CREEK FL 33703**

2. Principal Place of Business
12940 MEADOWBREEZE DR
Suite, Apt. #, etc.

3. Mailing Address
12940 MEADOWBREEZE DR
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
WELLINGTON, FL

City & State
WELLINGTON, FL

4. FEI Number
65-1132595

Applied For
☐ Not Applicable

Zip
33414-8061

Country
USA

Zip
33414-8061

Country
USA

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

6. Name and Address of Current Registered Agent

**GARCIA, BARBARA A
4063 CRESCENT CREEK DR.
COCONUT CREEK FL 33703**

7. Name and Address of New Registered Agent

Name
GARCIA, BARBARA A

Street Address (P.O. Box Number is Not Acceptable)
12940 MEADOWBREEZE DR

City
WELLINGTON **FL** Zip Code
33414-8061

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
GARCIA, BARBARA A
4063 CRESCENT CREEK DR.
COCONUT CREEK FL 33703** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
GARCIA, BARBARA A
12940 MEADOWBREEZE DR
WELLINGTON, FL 33414-8061** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-03 95422843
Date Daytime Phone #

CR2E034 (10/02)