## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #

P01000083932

1. Entity Name

ANITA L. BARBER, P.A.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



## FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90074 046 \*\*\*158.75

407-425 9291

Daytime Phone #

						CONT. THE						
Principal Place of Business 919 GUERNSEY STREET ORLANDO FL 32804			919 GUE	Mailing Address 919 GUERNSEY STREET ORLANDO FL 32804								
2. Principal F	Place of Busin	ness	ailing Address			$\dashv$	[					
Suite, Apt.	. #, etc.	<del></del>	Suite, A	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & Stat	te		City &	City & State			4. FEI Number 59-373907		Applied For Not Applica		oplied For	
Zip Country			Zip	Zip Count			5. 0	Certificate of Status Desired		8.75 Add		
6. Name and Address of Current Registere				Agent	7.		lame and Address of New Reg	sistered Ag	ent			
Barber, anita l 919 Guernsey Street						Name Street Addres	s (P.O. B	ox Number is Not Acceptable)		*, .		
	) FL 32804	<u>.</u>						· ···				
ż						City			FL	Zip Cod		
8. The above the obligate SIGNATURE	tions of regist	y submits this statement agent.  or printed name of registered a	Bark	<u>ر</u>		d office or regis			da. I am far /-//^ DATE		and accept	
Afte Make Checl	r May 1, 200	!! FEE IS \$150.00 03 Fee will be \$550. o Florida Departmer	t of State					9. Election Campaign Final Trust Fund Contribution.		Ádded	May Be	
10.	lama	OFFICERS A	ND DIRECTORS		11.		AD	DITIONS/CHANGES TO OFFIC				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Anita L Insey Street FL 32804		□ Delete					L	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete -					]	Change .	☐ Addition	
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indicated of the cor	l on this repor rporation or th	rt or supplemental repo	ort is true and accompowered to exe	curate and that necute this report	ov signati	ure shall have th	ie same li	119.07(3)(i), Florida Statutes. I fi egal effect as if made under oa da Statutes; and that my name a	th: that I am	an officer	or director	