

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-17-2003 90158 032 ***150.00

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DOCUMENT # P01000084092

1. Entity Name

~~MONIQUE Y. HAUGHTON, PROFESSIONAL ASSOCIATION~~

HAUGHTON WORRELL & ASSOCIATES, P.A.

Principal Place of Business
1510 EAST COLONIAL DRIVE
SUITE 306
ORLANDO FL 32803

Mailing Address
P.O. BOX 770474
ORLANDO FL 32877-0474

2. Principal Place of Business

3. Mailing Address

1510 E. Colonial Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

306

City & State

City & State

Orlando

Zip

Country

Zip

Country

32803

4. FEI Number

50-3799312

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAUGHTON, MONIQUE
1510 EAST COLONIAL DRIVE
SUITE 306
ORLANDO FL 32803

Name

Monique Haughton Worrell

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 Monique Haughton Worrell
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS HAUGHTON, MONIQUE Y
CITY-ST-ZIP P.O. BOX 770474
ORLANDO FL 32877-0474

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS MONIQUE HAUGHTON WORRELL
CITY-ST-ZIP 1510 E. Colonial Dr # 306
ORLANDO FL 32803

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: Monique Haughton Worrell REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03

Date

407 2288405

Daytime Phone #

CR2E034 (10/02)