

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90231 025 ***150.00

03/26/03 AV

DOCUMENT # P01000085150

1. Entity Name

THE LAW OFFICE OF KATHLEEN M.P. DAVIS, CHARTERED



Principal Place of Business
1400 CENTREPARK BOULEVARD
SUITE 950
WEST PALM BEACH FL 33401-7490

Mailing Address
1400 CENTREPARK BOULEVARD
SUITE 950
WEST PALM BEACH FL 33401-7490

2. Principal Place of Business

2669 Forest Hill Blvd.
Suite, Apt. #, etc.
#108

3. Mailing Address

P.O. Box 542796
Suite, Apt. #, etc.

City & State
WEST PALM BEACH FL

City & State
LAKE WORTH FL

Zip
33406

Country
USA

Zip
33454

Country
USA

4. FEI Number 65-1127047

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

KATHLEEN M.P. DAVIS
5205 CANOE BEND DR
LAKE WORTH FL 33463

7. Name and Address of New Registered Agent

Name
Kathleen M. P. Davis
Street Address (P.O. Box Number is Not Acceptable)
2669 Forest Hill Blvd. #108
City
WEST PALM BEACH FL Zip Code
33454

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

(NOTE: Registered Agent signature required when reinstating)

01-16-03

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KATHLEEN M.P. DAVIS
5205 CANOE BEND DR
LAKE WORTH FL 33463 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
5106 3RD RD
LANTANA, FL 33467 ☒ Change ☐ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E034 (10/02)