FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90049 047 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000091026

1. Entity Name
VINCENT J. D'ANTONIO, P.A.

Principal Place of Business	Mailing Address
2651 N FEDERAL HIGHWAY SUITE 104 FORT LAUDERDALE, FL 33306	2651 N FEDERAL HIGHWAY SUITE 104 FORT LAUDERDALE, FL 33306

2. Principal Place of Business	3. Mailing Address
1000 Pine Island Rd.	Same
Suite, Apt. #, etc.: Suite 310	Suite, Apt. #, etc.
City & State: Plantation Florida	City & State
Zip: 33324 Country: USA	Zip Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 81-0548933 ☐ 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
D'ANTONIO, VINCENT 2651 N FEDERAL HIGHWAY SUITE 104 FORT LAUDERDALE, FL 33306	Name: SAME Street Address (P.O. Box Number is Not Acceptable): 1000 Pine Island Rd. Suite 310 City: Plantation FL Zip Code: 33324

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: Vincent D'Antonio Director 4/30/03
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	D D'ANTONIO, VINCENT J 2651 N FEDERAL HIGHWAY, STE 104 FORT LAUDERDALE, FL 33306	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: Vincent D'Antonio 4/30/03 (954)424-3646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #