

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90324 003 ***150.00

DOCUMENT # P01000092242

1. Entity Name
DANA PEARL, P.A.



Principal Place of Business
139 SPRUCE ST
BOYNTON FL 33309

Mailing Address
139 SPRUCE ST
BOYNTON FL 33309

2. Principal Place of Business
10775 Queen Palm Ct.
Suite, Apt. #, etc.

3. Mailing Address
10775 Queen Palm Ct.
Suite, Apt. #, etc.

City & State
Boca Raton, FL
Zip
33498
Country
US

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Boca Raton, FL
Zip
33498
Country
US

4. FEI Number
01-0564447

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

WILLIS, RYAN E P.A.
1001 W CYPRESS CREEK RD, STE 320
FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name
Steven Seale P.A.
Street Address (P.O. Box Number is Not Acceptable)
6070 N. Federal Hwy
City
Boca Raton
FL
Zip Code
33487

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[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
D ☐ Delete
NAME
NEGRI, DANA L
STREET ADDRESS
139 SPRUCE ST
CITY-ST-ZIP
BOYNTON FL 33309

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

TITLE ☐ Delete
NAME
NEGRI, DANA L
STREET ADDRESS
10775 Queen Palm Ct.
CITY-ST-ZIP
Boca Raton, FL 33498

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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: *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/03

Date

Daytime Phone #

CR2E034 (10/02)