

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

**FILED**  
**Jun 02, 2003 8:00 am**  
**Secretary of State**

06-02-2003 90189 020 \*\*\*150.00

06-02-2003 AT

DOCUMENT # **P01000094133**

1. Entity Name  
**JERRY HAGAMAN, P.A.**



Principal Place of Business  
**4201 HOLLOWAY RD.  
PLANT CITY FL 33569**

Mailing Address  
**4201 HOLLOWAY RD.  
PLANT CITY FL 33569**



2. Principal Place of Business  
**120 S Wiggins Rd**  
Suite, Apt. #, etc.

3. Mailing Address  
**120 S Wiggins Rd**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES  
**80-0051217**

City & State  
**Plant City FL**  
Zip  
**33566**

City & State  
**Plant City FL**  
Zip  
**33566** Hillsborough

4. FEI Number **59-8147091**  
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**THOMAS & CARR, LLC  
2310 N. NEBRASKA AVE.  
TAMPA FL 33602**

7. Name and Address of New Registered Agent  
Name  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>PST HAGAMAN, JERRY S 4201 HOLLOWAY ROAD PLANT CITY FL 33567</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST HAGAMAN, JERRY S 120 WIGGINS RD PLANT CITY FL 33566</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jerry Hagaman* **PST** 8137177562  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Attachment

90138381

**Jerry S. Hagaman, PA**

120 S. Wiggins Road  
Plant City, FL 33566

**813-886-8000**

#P0100004133

May 28, 2003

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

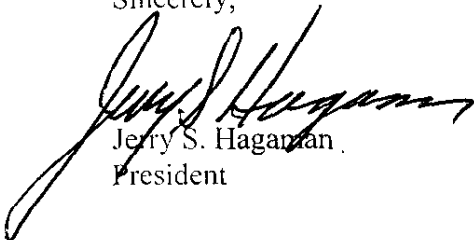
To Whom It May Concern:

Per our conversation with your office today, we are submitting our Uniform Business Report with fee. Our CPA filed for a new tax identification number when the articles of incorporation were submitted in September 2001. After numerous telephone calls with the IRS, we were told that we should use tax identification number 59-3147091. Later we received a letter from the IRS requesting that we file taxes using tax identification number 320044920 AND tax identification number 80-0051217. After many more phone calls trying to explain this mix-up to the IRS, we were told that the correct tax identification number for Jerry S. Hagaman, PA, should be 80-0051217. The IRS has since corrected our tax returns to reflect the correct ID number.

Since we were uncertain of the correct tax ID number, it was impossible for us to file our annual Uniform Business Report on a timely basis. Please rest assured that now that we have the tax ID number corrected, we will file all future reports on a timely basis.

Enclosed, please find our UBR form and our check in the amount of \$150.00 for the year 2003. Should you require additional information, feel free to call me at 813-717-7562.

Sincerely,

  
Jerry S. Hagaman  
President