


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90159 044 \*\*\*150.00

0001976 AV

|  |   |
|--|---|
| <b>DOCUMENT #</b> P01000107980             |  |
| 1. Entity Name<br>DIANA KRISTIN SHEA, P.A. |   |

|   |  |
|---|--|
| Principal Place of Business<br>229 NORTH STREET<br>NEPTUNE BEACH FL 32266 | Mailing Address<br>POST OFFICE BOX 6<br>PONTE VEDRA BEACH FL 32004 |
|---|--|



|   |   |
|---|---|
| 2. Principal Place of Business<br>166 N. AIA<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

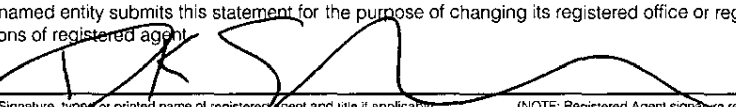
☒ CHECK HERE IF MAKING CHANGES

|                                       |                |
|---------------------------------------|----------------|
| City & State<br>Ponte Vedra Beach, FL | City & State   |
| Zip<br>32082                          | Country<br>USA |

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-3754248 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br>SHEA, DIANA KRISTIN<br>229 NORTH STREET<br>NEPTUNE BEACH FL 32266 |  |
|--|--|

|  |  |
|--|--|
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>166 N. AIA<br>Ponte Vedra Beach, FL<br>City<br>FL Zip Code<br>32082 |  |
|--|--|

|   |      |
|---|------|
| 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<br>   | DATE |

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2003 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SHEA, DIANA KRISTIN<br>229 NORTH STREET<br>NEPTUNE BEACH FL 32266 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 166 N. AIA<br>Ponte Vedra Beach, FL 32082 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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:  | 04/24/03 904-285-8282 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                             | Daytime Phone #       |

CR2E034 (10/02)