

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 AUG 20 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000113239

1. Entity Name
SAMANTHA D. MALLOY, P.A.



Principal Place of Business
700 S ANDREWS AVE
SUITE 200
FORT LAUDERDALE, FL 33316 US

Mailing Address
700 S ANDREWS AVE
SUITE 200
FORT LAUDERDALE, FL 33316 US

2. Principal Place of Business
PO Box 2151
Suite, Apt. #, etc.

3. Mailing Address
PO Box 2151
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Palm Beach Gardens FL

City & State
Palm Beach Gardens FL

Zip
33418

Zip
33418

Country

Country

4. FEI Number
65-1156555

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
LASHBROOK, PAUL
315 SE 7TH STREET, SUITE 200
FORT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent
Name
BRUCE HODDESSON
Street Address (P.O. Box Number is Not Acceptable)
8624 154th RD NO.
City
PALM BEACH GARDENS FL Zip Code
33418

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 *[Signature]* **7/31/03**
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 \$650.00
Amended UBR is \$61.25
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 | PST | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MALLOY, SAMANTHA D | | NAME | 600022286376 | |
| STREET ADDRESS | 700 S ANDREWS AVE SUITE 200 | | STREET ADDRESS | 08/13/03--01045--007 | **\$50.00 |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33316 | | CITY-ST-ZIP | | |
| TITLE | VPD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MALLOY, SAMANTHA D | | NAME | | |
| STREET ADDRESS | 700 S ANDREWS AVE SUITE 200 | | STREET ADDRESS | | |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33316 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
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| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
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| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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]* **7/31/03** **5617430520**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2EC34 (10/02)

7/31/03