

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90035 016 ***150.00

DOCUMENT # P01000117112

1. Entity Name
URSULA OF FLORIDA, INC.



Principal Place of Business
**7976 SEMINOLE BLVD., SUITE 6
SEMINOLE, FL 33772**

Mailing Address
**7976 SEMINOLE BLVD., SUITE 6
SEMINOLE, FL 33772**

94059985

2. Principal Place of Business
13002 SEMINOLE BLVD
Suite, Apt. #, etc.
5

3. Mailing Address
13002 SEMINOLE BLVD
Suite, Apt. #, etc.
5



03032004 Chg-P CR2E034 (10/03)

City & State
LARGO FL.
Zip
33778 Country

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LARGO FL.
Zip
33778 Country

4. FEI Number
69-0005042

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PARKER, BILLY
7976 SEMINOLE BLVD., SUITE 6
SEMINOLE, FL 33772**

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 **BILLY PARKER**
Signature, typed or printed name of registered agent and title if applicable.

Billy Parker
(NOTE: Registered Agent signature required when reinstating)

April 20-2004
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **PARKER, URSULA**
STREET ADDRESS **7976 SEMINOLE BLVD., SUITE 6**
CITY-ST-ZIP **SEMINOLE, FL 33772**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: **URSULA PARKER** *Ursula Parker* **4-20-04** **727-588-1164**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #