FILED
Sep 08, 2003 8:00 am
Secretary of State

08-14-2003 90071 002 ***150.00
09-08-2003 90323 039 ***400.00

8

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000120940

1. Entity Name
SANDRA LEE LABARRE, P.A.

Principal Place of Business
7406 CORTEZ RD. WEST. STE. #8
BRADENTON FL 34210

Mailing Address
7406 CORTEZ RD. WEST. STE. #8
BRADENTON FL 34210

[redacted]

2. Principal Place of Business: 8803 CORTEZ RD
Suite, Apt. #, etc.
City & State: BRADENTON, FL
Zip: 34210 Country: MANATEE

3. Mailing Address: 8803 CORTEZ RD
Suite, Apt. #, etc.
City & State: BRADENTON FL
Zip: 34210 Country: MANATEE

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 30-0005281 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
LABARRE, SANDRA L
700 DREAM ISLAND RD.
LONGBOAT KEY FL 34228

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable): 8803 CORTEZ RD
City: BRADENTON FL Zip Code: 34210

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: Sandra Lee Labarre 8-11-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
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	☐ Delete
D LABARRE, SANDRA L ~~700 DREAM ISLAND RD.~~ ~~LONGBOAT KEY FL 34228~~	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
8803 CORTEZ RD BRADENTON, FL 34210	

CR2E034 (4/03)

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 Sandra Lee Labarre 8/11/03 SANDRA LEE LABARRE 941 795-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #