FILED
Sep 08, 2003 8:00 am
Secretary of State
08-14-2003 90071 002 ***150.00
09-08-2003 90323 039 ***400.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000120940

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

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

[redacted]

☐ CHECK HERE IF MAKING CHANGES

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

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	7. Name and Address of New Registered Agent
LABARRE, SANDRA L 700 DREAM ISLAND RD. LONGBOAT KEY FL 34228	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: [signature] DATE: 8-11-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LABARRE, SANDRA L ~~700 DREAM ISLAND RD.~~ ~~LONGBOAT KEY FL 34228~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8803 CORTEZ RD BRADENTON, FL 34210 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 [signature] SANDRA LEE LABARRE 8/11/03 941 795-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #