

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90156 023 ***150.00

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DOCUMENT # P02000005295

1. Entity Name
VICTORIA P. LI, P.A.



Principal Place of Business
3541 EQUESTRIAN CT
JACKSONVILLE FL 32223

Mailing Address
3541 EQUESTRIAN CT
JACKSONVILLE FL 32223



2. Principal Place of Business
12428-1 SAN JOSE BLVD.
Suite, Apt. #, etc.

3. Mailing Address
12428-1 SAN JOSE BLVD
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
JACKSONVILLE FL

City & State
JACKSONVILLE FL

Zip 32223 **Country** USA

Zip 32223 **Country** USA

4. FEI Number 41-2026997

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
LI, VICTORIA P
3541 EQUESTRIAN CT
JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent

Name JOHN H. CORNTHWAITE

Street Address (P.O. Box Number is Not Acceptable)
12428-1 SAN JOSE BLVD.

City JACKSONVILLE **FL** **Zip Code** 32223

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 *John H. Cornthwaite* **JOHN H. CORNTHWAITE** **4/4/03**

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 \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST LI, VICTORIA P 3541 EQUESTRIAN CT JACKSONVILLE FL 32223	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CORNTHWAITE, JOHN H 3541 EQUESTRIAN CT JACKSONVILLE FL 32223	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST LI, VICTORIA P 12428-1 SAN JOSE BLVD JACKSONVILLE, FL 32223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CORNTHWAITE, JOHN H 12428-1 SAN JOSE BLVD JACKSONVILLE, FL 32223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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)(l), 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 IRO empowered.

SIGNATURE: *John H. Cornthwaite* **JOHN H. CORNTHWAITE** **4/4/03** **(904) 880-7653**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)