

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90021 030 ***150.00

DOCUMENT # P02000033923

1. Entity Name
BRYAN J. YARNELL, P.A.



Principal Place of Business
**1645 PALM BEACH LAKES BLVD SUITE 550
WEST PALM BEACH FL 33401**

Mailing Address
**1645 PALM BEACH LAKES BLVD SUITE 550
WEST PALM BEACH FL 33401**



2. Principal Place of Business
1555 Palm Beach Lakes Blvd

3. Mailing Address
1555 PALM BEACH LAKES BLVD

Suite, Apt. #, etc.
SUITE 310

Suite, Apt. #, etc.
SUITE 310

City & State
WPB, FL

City & State
WPB, FL

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
01-0641826

Applied For
Not Applicable

Zip Country
33401 USA

Zip Country
33401 USA

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

6. Name and Address of Current Registered Agent

**YARNELL, BRYAN J
1645 PALM BEACH LAKES BLVD SUITE 550
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name **Bryan J. Yarnell**
Street Address (P.O. Box Number is Not Acceptable)
1555 Palm Beach Lakes Blvd
SUITE 310
City **WPB** FL Zip Code **33401**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **1/6/2003**

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
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete YARNELL, BRYAN J 1645 PALM BEACH LAKES BLVD SUITE 550 WEST PALM BEACH FL 33401
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
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1555 Palm Beach Lakes Boulevard, SUITE 310
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
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
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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/2003 561.478.7077

Date

Daytime Phone #

CR2E034 (10/02)