

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90213 008 \*\*\*150.00

**DOCUMENT # P02000048807**

1. Entity Name  
**DESMOND LAW FIRM PROFESSIONAL CORPORATION**



Principal Place of Business  
**2161 PALM BEACH LAKES BLVD.  
SUITE 204  
WEST PALM BEACH, FL 33409**

Mailing Address  
**2161 PALM BEACH LAKES BLVD.  
SUITE 204  
WEST PALM BEACH, FL 33409**

2. Principal Place of Business

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

**61-1412942**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DESMOND, LEO W  
2161 PALM BEACH LAKES BLVD.  
SUITE 204  
WEST PALM BEACH, FL 33409**

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

*Leo W Desmond*  
**LEO W DESMOND**

*President*

(NOTE: Registered Agent's signature required when installing)

*4/15/03*

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  
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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	DESMOND, LEO W	2161 PALM BEACH LAKES BLVD., SUITE 204	WEST PALM BEACH, FL 33409				

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: *Leo W Desmond* **President**  
**LEO W DESMOND**

*4/15/03*

Date

*561-712-8000*

Daytime Phone #

CR2E034 (10/02)