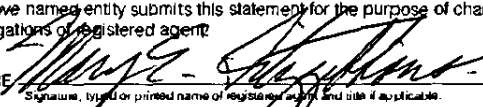
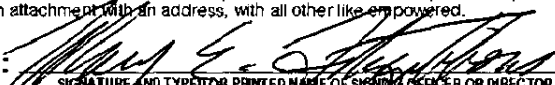


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90110 049 ***150.00

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

DOCUMENT # P02000050990			
1. Entity Name FITZGIBBONS LAW FIRM, P. A.			
Principal Place of Business 219 N. JOHN YOUNG PARKWAY KISSIMMEE, FL 34741		Mailing Address 219 N. JOHN YOUNG PARKWAY KISSIMMEE, FL 34741	
2. Principal Place of Business 20 South Rose Ave, Suite, Apt. #, etc. 6		3. Mailing Address Same Suite, Apt. #, etc.	
City & State Kissimmee FL		City & State	
Zip 34741	Country USA	Zip	Country
4. FEI Number 75-305-7581		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FITZGIBBONS, MARY E 2542 BROOKSTONE DR. KISSIMMEE, FL 34741		7. Name and Address of New Registered Agent Name MARY ELIZABETH FITZGIBBONS Street Address (P.O. Box Number is Not Acceptable) 20 SOUTH ROSE AVE, Suite 6 City Kissimmee FL Zip Code 34741	
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  MARY E. FITZGIBBONS DATE 4/29/03 Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent Signature required when reinstating)			
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	PRES FITZGIBBONS, MARY E 2542 BROOKSTONE DR. KISSIMMEE, FL 34741 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES FITZGIBBONS, MARY E 20 SOUTH ROSE AVE, Suite 6 Kissimmee, FL 34741 ☒ 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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  DATE 4/29/03 407-343-1777 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

MARY E. FITZGIBBONS - PRESIDENT

CR2E034 (10/02)