


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90561 031 ***150.00

DOCUMENT # P02000058592

1. Entity Name
LUISA K. BOSSO, C.P.A., P.A.



Principal Place of Business
**1615 FORUM PLACE STE 500
WEST PALM BEACH FL 33401**

Mailing Address
**1615 FORUM PLACE STE 500
WEST PALM BEACH FL 33401**



2. Principal Place of Business
1615 Forum Place, Ste 500

3. Mailing Address
1615 Forum Place, Ste 500

Suite, Apt. #, etc.
Ste 500

CHECK HERE IF MAKING CHANGES

City & State
West Palm Beach, FL

City & State
West Palm Beach, FL

Zip
33401

Country
USA

4. FEI Number
74-3045338

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BOSSO, LUISA K
1615 FORUM PLACE STE 500
WEST PALM BEACH FL 33401

Forum

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

10. OFFICERS AND DIRECTORS

TITLE D/P/T	<input type="checkbox"/> Delete
NAME BOSSO, LUISA K	
STREET ADDRESS 1615 FORUM PLACE STE 500	
CITY-ST-ZIP WEST PALM BEACH FL 33401	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Luisa K. Boss
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-03 5616821078
Date Daytime Phone #

CR2E034 (10/02)