

FILED  
Jul 10, 2003 8:00 am  
Secretary of State

05-05-2003 90260 021 \*\*\*150.00

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

DOCUMENT # P02000058909

1. Entity Name  
JEANINE L. LABONTE, P.A.



Principal Place of Business  
6439 CENTRAL AVE.  
ST. PETERSBURG FL 33710-8411

Mailing Address  
6439 CENTRAL AVE.  
ST. PETERSBURG FL 33710-8411

55050874

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

35-2170048

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMONE, STEPHEN  
6439 CENTRAL AVE.  
ST. PETERSBURG FL 33710-8411

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

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  
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  
PST  
LABONTE, JEANINE L  
6439 CENTRAL AVE  
ST. PETERSBURG FL 33710-8411 ☐ 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  
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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:

SIGNATURE REQUIRED

4-27-03

Date

Daytime Phone #

CR2E034 (10/02)

Attachment 55050874  
#P0200005890  
**STEPHEN SIMONE, P.A.**

Certified Public Accountant

July 6, 2003

Ms. Glenda E. Hood, Secretary  
Florida Department of State  
Divisions of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302

Re: Jeanine L. Labonte, P.A.

Dear Ms. Hood:

Enclosed please find the completed UBR that you returned to Jeanine L. Labonte, P.A. for inclusion of the Federal ID Number. The form is returned past the period you allowed as Ms. Labonte was out of the State of Florida and could not be reached in time to allow for the prompt return of the form. Accordingly we ask that you please accept it as being promptly returned since it was unavoidable that the delay was incurred.

If there is anything else I may do to be of assistance to you in this matter, please do not hesitate to contact me at any time.

Sincerely,



Stephen Simone  
Certified Public Accountant