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

3/1

## **FILED** Mar 27, 2003 8:00 am Secretary of State

DOCUMENT # P0200060032  1. Entity Name MATT GULLA, P.A.								
Principal Place of Business . Mailing Address 14183 N. CYPRESS COVE CIRCLE 14183 N. CYPRESS COVE DAVIE FL 33325 DAVIE FL 33325								
2. Principal f	Place of Business	3. Mailing Address.	<u> </u>					, ·
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-,		CHECK HERE IF M	AKING CHANGES	<del></del>	~
City & State		City & State	1		4. FEI Number 02 0614566		pplied For	]
Zip	Country	Zip	Coun	try		\$8.75 Ac		1
	6. Name and Address of Current	Registered Agent	<del>-  </del>	<u> </u>	7. Name and Address of New Regis	tered Agent	••	1
			i	Name		<del></del>		1
GULLA, MATT			† -	<u>-</u>	and the second s		-	-
14183 N. CYPRESS COVE CIRCLE			i	Street Address (	P.O. Box Number is Not Acceptable)			ŀ
DAVIE FL 33325			1		· · · · · · · · · · · · · · · · · · ·			1
DATIETE	00020						:	1
			1	City		FL   Zip Cox	le	
8. The above the obliga	named entity submits this statement for tions of registered agent.	the purpose of changing its	registere	ed office or register	ed agent, or both, in the State of Florida.	I am familiar with	and accept	
							ļ	15
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if expricable :@ICTE	Registere	o Agent signature required	When reinstative)	DATE	<del></del>	
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	ILE NOW!!! FEE IS \$150.00		~ <del> </del>		9 Election Campaign Financia	ng \$5:0	0'May Be	] .
	r May 1, 2003 Fee will be \$550.00 Repartment of	Compa			Trust Fund Contribution.	~	d to Fees	l
	<u> </u>				,			
10.	OFFICERS AND	<del></del>	11.	<del></del>	ADDITIONS/CHANGES TO OFFICER			2
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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 supplier ental 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 of 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 addless, with all other like empowered.

SIGNATURE: Y

ke required

Daytime Phone #