

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

0431755 AV

DOCUMENT # P02000063418

1. Entity Name
SHARON W. MILES, P.A.



Principal Place of Business
**910 DOGWOOD DR UNIT 342
DELRAY BEACH FL 33483**

Mailing Address
**910 DOGWOOD DR UNIT 342
DELRAY BEACH FL 33483**



2. Principal Place of Business
3100 SPANISH TRAIL

3. Mailing Address
3100 SPANISH TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
DELRAY BEACH, FL

City & State
DELRAY BEACH, FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
33483

Country
USA

Zip
33483

Country
USA

8.75 Additional
Fee Required

5. Name and Address of Current Registered Agent

**MILES, SHARON W
910 DOGWOOD DR UNIT 342
DELRAY BEACH FL 33483**

Name

Street Address (P.O.)

3100 S

City

DELRAY

Zip Code

33483

**DON'T
Have.**

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
**DPS
MILES, SHARON W
910 DOGWOOD DR UNIT 342
DELRAY BEACH FL 33483**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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 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
SHARON W. MILES

SHARON W. MILES
289-6428

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

TOPIC:

2003 FOR PROFIT CORPORATION

Attachment #

DATE:

FILE UNDER:

SHARON W. MILES, PA

80118608

PAGE:

PO2000063418

Gentlemen,

I have not filled in my
FEI Number because I don't
know what it is.

I was assigned 2
numbers in error. I gave
all my records to my
new accountant who was
going to tell me which
number was the correct
one to use. I have
not gotten an answer yet.
When I do I will send
it to you immediately.
Sorry for the inconvenience

Sincerely,

Sharon Miles