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

P02000078103

**DOCUMENT #** 

**TAMPA FL 33602** 

Mar 07, 2003 8:00 am Secretary of State 03-07-2003 90087 046 \*\*\*150.00

I THRIPPEN AND COURT HEALT CORRECTIONS AND A CORRECT FROM CORRECTIONS AND A CORRECT FROM CORRECTIONS AND A CORRECTION OF A CORRECT FROM CORRECT FROM

**FILED** 

1. Entity Name NANCY L. GRIBBLE P.A.

Principal Place of Business 1513 PLEASANT HARBOUR WAY Mailing Address

1513 PLEASANT HARBOUR WAY

**TAMPA FL 33602** 

Cipal I	Place of Business 1373 Pleash		-1/1		1884 <b>- B</b> arri <b>Ba</b> liki <b>30</b> 118   <b>1888</b>		II	
THE STATE OF THE S	moters make who	1573 Please	my thebo	incom				
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		☐ CHECK H	IERE IF MAKING CI	HANGES		
City & Sta	te	City & State		4. FEI Number	<del></del>	Applied For		
My	B, FL	1 AMIA, 1	9 33/02	-   37 - 04157	757	Not Applica		
Zip /	12 Country	Zip 35/17-	Country USP	5. Certificate of Status Desi		.75 Additional		
<u> </u>	6. Name and Address of Current R	egistered Agent	usit	7. Name and Address of N		Required		
		ogistered Agent	Name	7. Name and Address of N	ew negistered Age	Rt		
GRIBBLE,	NANCY							
1513 PLEASANT HARBOUR WAY			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
TAMPA FI					-		-	
IVINIVII	. 00002	-			<u> </u>			
			. City		FL	Zip Code		
8. The above	named entity submits this statement for	the purpose of changing its	registered office or re-	gistered agent or both in the State	1	iliar with, and ago		
the obliga	tions of registered agent.		109.000.00	glotolog agont, or both, in the state	SITIONOS, TAITISAIN	nai with and acce	pι	
		*		•				
SIGNATURE	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE	E: Registered Agent signature n	equired when reinstating)	DATE	<del></del>		
	THE MONTH FEE IS 6450.00				-			
	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00			9. Election Campaig	in Financing	\$5.00 May Be	ا م	
Make Chec	Repartment of	State		Trust Fund Contri	bution.	Added to Fees	١ ]	
10. //.	OFFICERS AND D	1 -	14	APPITIONS (OLIVATIONS TO	055105500 1115		$\Box$	
TITLE	PTD	_ Delete	11.	ADDITIONS/CHANGES TO			-	
NAME	GRIBBLE, NANCY L	TEL Delete	NAME			Change 🗀 Additi	ion	
STREET ADDRESS	1513 PLEASANT HARBOUR WAY		STREET ADDRESS		•			
CITY-ST-ZIP	TAMPA FL 33602		CITY-ST-ZIP					
TITLE	VSD	· Delete	TITLE		<del></del>	Change		
NAME	GRIBBLE, JAMES W JR.	, C Delete	NAME			Change Additi	,on	
STREET ADDRESS	1513 PLEASANT HARBOUR WAY	4 :	STREET ADDRESS				ľ	
CITY-ST-ZIP	TAMPA FL 33602	,	CITY-ST-ZIP		-			
TITLE		☐ Delete	TITLE			Change	inn	
NAME			NAME			onango	٠	
STREET ADDRESS	•	1	STREET ADDRESS				ļ	
CITY-ST-ZIP		<u> </u>	CITY-ST-ZIP					
TITLE		` Delete	TITLE			Change	ion	
NAME		1	NAME			• –		
STREET ADDRESS		ı	STREET ADDRESS				ľ	
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP				J	
TITLE		. 🔲 Delete	·TITLE			Change	on	
NAME		•	NAME		<b>V</b> 1			
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	,		CITY-ST-ZIP					
TITLE		Delete	TITLE		,	Change	on	
NAME CTREST ADDRESS			NAME		•			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS					
0111-31-ZIF	$\sim$		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 of trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or changed, or on an attachment with

**SIGNATURE**