


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

3/1

03-17-2003 90107 013 \*\*\*150.00

<b>DOCUMENT # P02000081414</b>					
<b>1. Entity Name</b> <b>AUDREY CARMONY P.A.</b>					
<b>Principal Place of Business</b> 628 WOODSHIRE LN #G12 NAPLES FL 34105-7474			<b>Mailing Address</b> 628 WOODSHIRE LN #G12 NAPLES FL 34105-7474		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 55-0814737	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> ASHLEY, REX CPA PA 1044 CASTELLO DR #100 NAPLES FL 34105			<b>7. Name and Address of New Registered Agent</b> Name: N Rex Ashley CPA PA Street Address (P.O. Box Number is Not Acceptable): 1044 Castello Dr #100 City: Naples FL 34103		
<b>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.</b> SIGNATURE: <i>N Rex Ashley</i> <i>N Rex Ashley</i> <i>3/11/03</i> <small>Signature, typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE: D NAME: CARMONY, AUDREY STREET ADDRESS: 628 WOODSHIRE LN #G12 CITY-ST-ZIP: NAPLES FL 34105-7474			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<b>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.</b>					
<b>SIGNATURE: Audrey Carmony P.A.</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>3-4-03</b> <small>Date Daytime Phone #</small>	

CR2E034 (10/02)