


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90116 023 ***150.00

DOCUMENT # P02000087093

1. Entity Name
PATTI ARCHIBAUD P.A. # 0377



Principal Place of Business
C/O KELLY & KELLY CPA'S PA
3020 N FEDERAL HWY STE 11B
FT. LAUDERDALE FL 33306

Mailing Address
C/O KELLY & KELLY CPA'S PA
3020 N FEDERAL HWY STE 11B
FT. LAUDERDALE FL 33306

2. Principal Place of Business
2524 NE 21 CT
Suite, Apt. #, etc.

3. Mailing Address
2524 NE 21 CT
Suite, Apt. #, etc.

City & State
Ft Lauderdale FL

City & State
Ft Lauderdale FL

Zip 33305 **Country**

Zip 33305 **Country**

4. FEI Number
52-2371352

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
ARCHIBAUD, PATTI
C/O KELLY & KELLY CPA'S PA
3020 N FEDERAL HWY STE 11B
FT. LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2524 NE 21 CT

City Ft Lauderdale **FL** **Zip Code** 33305

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 *Patti Archibaud P.A.* **DATE** 2-23-03

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D' ARCHIBAUD, PATTI 3020 N FEDERAL HWY STE 11B FT. LAUDERDALE FL 33306	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	2524 NE 21 CT Ft Lauderdale FL 33305	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 *Patti Archibaud* **DATE** 2/23/03 **Daytime Phone #** 954-803-5953

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)