

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

**FILED**  
**Aug 06, 2003 8:00 am**  
**Secretary of State**

08-06-2003 90056 033 \*\*\*150.00

**DOCUMENT # P02000092442**

1. Entity Name  
**JOANN RAMAGLIA L.C.S.W., INC.**



Principal Place of Business  
**7491 NW 4TH STREET  
PLANTATION, FL 33317**

Mailing Address  
**7491 NW 4TH STREET  
PLANTATION, FL 33317**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**22-3870837**

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

**RAMAGLIA, JOANN  
9609 NW 7TH CIRCLE #425  
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \$650.00**  
**Amended UBR is \$67.50**  
**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  
**DP  
RAMAGLIA, JOANN  
9609 NW 7TH CIRCLE #425  
PLANTATION, FL 33324** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

*JoAnn Ramaglia*  
**Jo-Ann Ramaglia**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/20/03 (954) 803-9944**  
Date Daytime Phone #

CR2E034 (10/02)

Attachment

JO-ANN RAMAGLIA, LCSW, Inc.

7491 NW 4<sup>th</sup> St.

Plantation, FL 33317

(954) 803-9944

(954) 585-0177 fx.

80136375  
PO2000092412

July 29, 2003

Uniform Business Report

Division of Corporations

PO Box 1500

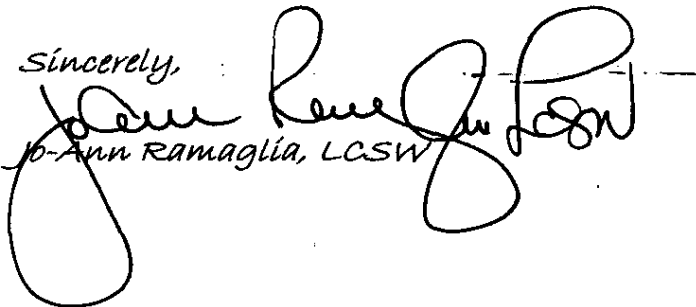
Tallahassee, FL. 32302-1500

To Whom it May Concern;

Please be advised that I /my corporation did not receive any prior notice regarding the UBR/fees due, etc. Kindly accept this written documentation as sufficient to waive late fees. Please find enclosed (\$150.00) original amount due. Thank you.

Sincerely,

Jo-Ann Ramaglia, LCSW

A large, stylized handwritten signature in black ink, appearing to read 'Jo-Ann Ramaglia', is written over the printed name.