

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2003 8:00 am
Secretary of State

02-19-2003 90025 005 ***150.00

DOCUMENT # P02000117868

1. Entity Name
KATHLEEN I. HENRETTA, P.A.



Principal Place of Business
**442 FOURTH AVENUE
INDIALANTIC FL 32903
US**

Mailing Address
**442 FOURTH AVENUE
INDIALANTIC FL 32903
US**

2. Principal Place of Business
414 LAKE VICTORIA Circle
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 410886
Suite, Apt. #, etc.

City & State
Melbourne FL
Zip
32940
Country
USA

City & State
Melbourne, FL
Zip
32941
Country
USA

4. FEI Number
30-0125523

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

**HENRETTA, KATHLEEN I
442 FOURTH AVENUE
INDIALANTIC FL 32903**

7. Name and Address of New Registered Agent

Name
KATHLEEN I. HENRETTA
Street Address (P.O. Box Number is Not Acceptable)
414 LAKE VICTORIA Circle
City
Melbourne **FL** Zip Code
32940

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 **K Henretta**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **2/17/03**

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

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TITLE	NAME	TITLE	NAME
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CR2E034 (10/02)

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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **2/17/03**

Daytime Phone #