

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P02000119642**

1. Entity Name
PORT & ASSOCIATES, INC.



FILED

03 JUL 31 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**3009 WEST WAVERLY AVE.
TAMPA FL 33629**

Mailing Address
**3009 WEST WAVERLY AVE.
TAMPA FL 33629**



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

33 1030002

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$3.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MARTIN, JOHN F
3150 SANDY RIDGE DR.
CLEARWATER FL 33761**

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 \$550.00
After September 10, 2003 Fee will be \$750.00
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

TITLE **PRESIDENT** ☐ Delete
NAME **PORT, JOSEPH P**
STREET ADDRESS **3009 WEST WAVERLY AVE.**
CITY-ST-ZIP **TAMPA FL 33629**

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

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STREET ADDRESS ☐ Change ☐ Addition
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)(f), 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.

7.13.03

SIGNATURE:

JOSEPH P. PORT, PRESIDENT

JOSEPH P. PORT, PRESIDENT

727.460.2348

Florida Department of State
Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

July 18, 2003

Joseph Port, President
Port & Associates, Inc.
3009 West Waverly Avenue
Tampa, FL 33629

RE: Uniform Business Report - Request for Late Fee Waiver
Document # - P02000119642

I am respectfully requesting that the late fee for my annual Uniform Business Report be waived and that the Florida Department of State, Division of Corporations accept the enclosed report and corresponding \$150.00 annual fee for 2003.

As a new corporation, incorporated in November 2002, I have no record of receipt of the 2003 UBR or prior notice until the current report was received, which included a late fee. Accordingly, I am requesting that the late fee be waived at this time for 2003.

Your consideration and granting of this waiver will be greatly appreciated. I can be contacted directly with any questions you may have at 727.460.2348, josephport@yahoo.com or at the above business address.

Sincerely,



Joseph P. Port, President
Port & Associates, Inc.

Enclosures:
2003 Uniform Business Report
Annual Fee \$150.00 - Check # 2515