

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-26-2003 90149 043 ***150.00

DOCUMENT # P02000122249

1. Entity Name
JULIE A. MCGEE, P.A.



Principal Place of Business
**4003 S. WESTSHORE BLVD.
3702
TAMPA FL 33611**

Mailing Address
**4003 S. WESTSHORE BLVD.
3702
TAMPA FL 33611**



2. Principal Place of Business

3. Mailing Address

4003 S. Westshore Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3702

City & State
Tampa Florida

City & State
Tampa Florida

Zip

Country

USA

Zip

33611

Country

USA

4. FEI Number

72-1539499

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

7. Name and Address of New Registered Agent

**HICKS, HENRY W
3003 AZEELE AVE.
200
TAMPA FL 33606**

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 \$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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
MCGEE, JULIE A
4003 S. WESTSHORE BLVD., SUITE 3702
TAMPA FL 33611**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

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☐ Change

☐ Addition

CP2E034 (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:

JULIE A. MCGEE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-03

Date

(813) 244-9303

Daytime Phone #