

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2004 8:00 am
Secretary of State

09-15-2004 90003 021 ***150.00

DOCUMENT # P03000039980	
1. Entity Name	
STACY JO BURCH, PA	

DO NOT WRITE IN THIS SPACE

24085420

2. Principal Place of Business 8900 S.E. 159TH LANE Suite, Apt. #, etc.		3. Mailing Address PO BOX 1504 Suite, Apt. #, etc.	
City & State SUMMERFIELD, FL		City & State LADY LAKE, FL	
Zip 34491	Country	Zip 32158-1504	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1661300		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
STACY JO BURCH
Street Address (P.O. Box Number is Not Acceptable)
8900 S.E. 159TH LANE

City SUMMERFIELD **FL** **Zip Code** 34491

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STACY JO BURCH 8900 S.E. 159TH LANE SUMMERFIELD, FL 34491
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Stacy J. Burch
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

8/31/04 2

Date Daytime Phone #

*Attachment 24685420
HP03000039480*
L.A. JONES LLC
CERTIFIED PUBLIC ACCOUNTING FIRM

MAILING ADDRESS
P.O. BOX 1719
LADY LAKE, FL 32158-1719

TELEPHONE (352) 753-8900
FAX (352) 750-3344

PHYSICAL ADDRESS
409 S. OLD DIXIE HWY.
LADY LAKE, FL 32159

September 11, 2004

Florida Dept. of State
Division of Corporations

P.O. Box 6327
Tallahassee, FL 32314

re: 2004 UBR for Stacy Jo Burch, P.A. EIN 16-1661300

To Whom It May Concern:

Enclosed is the 2004 UBR report for our client listed above. Our client was unaware they were late filed until they received notice of dissolution in August. Our client states they never received the original notice mailed in January. This company is new and this is the first year they are required to file an annual report.

Due to the fact that our client is new and apparently did not receive the notice you sent in January, it would be appreciated if you would waive the penalty and accept the \$150 payment sent with this report as payment in full.

If you should have any questions regarding this matter, please contact this office at the address above.

Sincerely,

L.A. JONES LLC
CERTIFIED PUBLIC ACCOUNTING FIRM



Dory Schaub, Associate

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