

2004 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90057 018 ***150.00

DOCUMENT # P03000129898

1. Entity Name
CHERYL LOEFFLER, P.A.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
415 L'AMBIANCE DRIVE
Suite, Apt. #, etc.
UNIT 203

3. Mailing Address
415 L'AMBIANCE DR
Suite, Apt. #, etc.
UNIT 203

DO NOT WRITE IN THIS SPACE

City & State
LONGBOAT KEY, FL

City & State
LONGBOAT KEY, FL

4. FEI Number
20-0418596

Applied For
Not Applicable

Zip
34228

Country
FLORIDA

Zip
34228

Country
FLORIDA

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
CHERYL LOEFFLER
Street Address (P.O. Box Number is Not Acceptable)
415 L'AMBIANCE DRIVE
UNIT 203

City
LONGBOAT KEY FL Zip Code
34228

8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
CHERYL LOEFFLER
PRESIDENT

Cheryl Loeffler

1-15-04

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
Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PRESIDENT	NAME CHERYL LOEFFLER	STREET ADDRESS 415 L'AMBIANCE DRIVE, UNIT 203	CITY-ST-ZIP LONGBOAT KEY, FL 34228
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DO NOT WRITE
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: *CHERYL LOEFFLER*
PRESIDENT

Cheryl Loeffler

1-15-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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