

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000136112

Entity Name: AGNES UBANI INC

FILED
Jun 13, 2009
Secretary of State

Current Principal Place of Business:

WINDSOR MEDICAL CLINIC
10320 N. 56TH ST #120
TEMPLE TERRACE, FL 33617

New Principal Place of Business:

Current Mailing Address:

WINDSOR MEDICAL CLINIC
10320 N. 56TH ST #120
TEMPLE TERRACE, FL 33617

New Mailing Address:

FEI Number: 20-1689923

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UBANI, VICTOR
12908 BIG SUR DR
TAMPA, FL 33625 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: UBANI, AGNES
Address: 12908 BIG SUR DR
City-St-Zip: TAMPA, FL 33625

Title: VP () Delete
Name: UBANI, VICTOR
Address: 12908 BIG SUR DR
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTOR UBANI

VP

06/13/2009

Electronic Signature of Signing Officer or Director

_____ Date