

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90214 009 \*\*\*150.00

DOCUMENT # **P92000012237**



1. Entity Name  
**PIGNATO & UNDERWOOD, C.P.A., PA**

Principal Place of Business  
**101 S.E. 6TH AVENUE  
SUITE A  
DELRAY BEACH FL 33483**

Mailing Address  
**101 S.E. 6TH AVENUE  
SUITE A  
DELRAY BEACH FL 33483**



CHECK HERE IF MAKING CHANGES

|                                |         |                     |         |   |  |                                       |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>65-0371621</b>                           |  | Applied For                           |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |   |  | Not Applicable                        |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required |
| Zip                            | Country | Zip                 | Country |   |  |                                       |

|  |  |  |  |  |  |           |  |          |  |
|--|--|--|--|--|--|-----------|--|----------|--|
| 6. Name and Address of Current Registered Agent  |  |  |  | 7. Name and Address of New Registered Agent        |  |           |  |          |  |
| <b>UNDERWOOD, MARY ALICE</b><br><b>101 S.E. 6TH AVE.</b><br><b>SUITE A</b><br><b>DELRAY BEACH FL 33483</b> |  |  |  | Name   |  |           |  |          |  |
|  |  |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |           |  |          |  |
|  |  |  |  | City   |  | <b>FL</b> |  | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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                      | <b>P</b>                          | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>PIGNATO, JAMES V</b>           |                                 | NAME  |  |   |
| STREET ADDRESS             | <b>101 S.E. 6TH AVE., SUITE A</b> |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | <b>DELRAY BEACH FL 33483</b>      |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      | <b>ST</b>                         | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>UNDERWOOD, MARY ALICE</b>      |                                 | NAME  |  |   |
| STREET ADDRESS             | <b>101 S.E. 6TH AVE., SUITE A</b> |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | <b>DELRAY BEACH FL 33483</b>      |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                                   | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   |                                 | NAME  |  |   |
| STREET ADDRESS             |                                   |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                                   |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                                   | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   |                                 | NAME  |  |   |
| STREET ADDRESS             |                                   |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                                   |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                                   | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   |                                 | NAME  |  |   |
| STREET ADDRESS             |                                   |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                                   |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                                   | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   |                                 | NAME  |  |   |
| STREET ADDRESS             |                                   |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                                   |                                 | CITY-ST-ZIP   |  |   |

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: Mary Alice Underwood **MARY ALICE UNDERWOOD** 1/17/03 561-276-3821  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)