## 2003 FOR PROFIT ORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

Principal Place of Business

P93000011355

Mailing Address

1. Entity Name ROSE M. SHEEHAN, P.A.



## **FILED** Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90252 004 \*\*\*150.00

Surie, Apt. 4, etc.   GHECK HERE IF MAKING CHANGES  Surie, Apt. 4, etc.   GHECK HERE IF MAKING CHANGES  Zip   Country   Zip   Country   5, Certificate of Status Desired   S4.75 Additional Fee People of Country   5, Certificate of Status Desired   S4.75 Additional Fee People of Country   5, Certificate of Status Desired   S4.75 Additional Fee People of Country   7, Name and Address of New Registered Agent   7, Name and Address of New	CORAL SPRIN	NGS FL 33065			CORAL SPRINGS FL 33065 US								
City & State  City & State  City & State  City & State  Country  Country  Country  Country  Country  Country  S. Certificate of Status Desired  S. State  Street Address of Four Registered Agent  T. Name and Address of Four Registered Agent  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  S. The above named certify submits this statement for the purpose of changing its registered Agent development of city in the State of Florida. I am familiar with, and scoept the obligations of cingistered agent, or both, in the State of Florida. I am familiar with, and scoept the obligations of cingistered agent, or both, in the State of Florida. I am familiar with, and scoept the obligations of cingistered agent, or both, in the State of Florida. I am familiar with, and scoept the obligations of cingistered agent, or both, in the State of Florida. I am familiar with, and scoept the obligations of city displaced.  SIGNATURE  STREAM TYPE  FILE NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE  STRETA ADDRESS  OTY 51.7P  TILE  Delete	2. Principal f	Place of Busin	ness	<b>3.</b> Mai	3. Mailing Address				4   1884  1884   1884   1844	<b>0</b> 184 <b>0.810</b> 4 11		THE BUT THE	
Zip Country	Suite, Apt	. #, etc.		Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
Country	City & Sta	te		City	City & State				1 007,494,104				
SHEEHAN, ROSE M 6480 NW 105 TERRACE PARKLAND FL 33076  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.  \$ICITY 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.  \$ICITY 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 obligation of registered agent.  \$ICITY FL NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  15. ADDITIONS/CHANGES TO OFFICERS AND D	Zip	Country Zip			Coun	try	5.	Certificate of Status Desired		\$8.75 Ad	ditional		
SHEEHAN, ROSE M 6480 NW 105 TERRACE PARKLAND FL 33076  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.  \$IGNATURE	6. Name and Address of Current Registered Agent							7.	Name and Address of New Reg				
Street Address (P.O. Box Number is Not Acceptable)				~ <u>_</u>		مدهنه	Name		ريث للسامييم ن				
PARKLAND FL 33076  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. Lam familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE  STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Delete  Delete  TITLE  Delete  TITLE  Delete  Delete  TITLE  Delete  TITLE  Delete  TITLE  Delete  Delete  TITLE  Delete  TITLE  Delete  Delete  Delete  TITLE  Delete  Delete  Delete  TITLE  Delete  Delete  Delete  Delete  TITLE  Delete  Dele							Street Address (P.O. Box Number is Not Acceptable)						
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													
B. The above named entity submits this statement for the purpose of changing its 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 implication and the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature typed or printed name of implication and the displication.   (NOTE: Registered Agent signature required when received wh	PARKLAN	D FL 33076											
the obligations of registered agent.    Signature   Signature   Signature registered agent and the if apolicable.   (NOTE Registered Agent signature registered when registered)   OATE							City		# - W-	FL	Zip Cod	ie	
FILE NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITITLE  D SHEEHAN, ROSE M 6480 NW 105 TERR PARKLAND FL 33076    TITLE  NAME STREET ADDRESS CITY-ST-ZIP  ITITLE  NAME STREET	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.												
FILE NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITITLE  D SHEEHAN, ROSE M 6480 NW 105 TERR PARKLAND FL 33076    TITLE  NAME SIREET ADDRESS CITY-ST-ZIP  ITITLE  NAME SIREET	SIGNATURE												
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME STREET ADDRESS CITY-ST-2IP NAME STREET ADDRESS CITY-ST-2IP  TITLE NAM		Signature, typed	or printed name of regi	stered agent and title if app	licable. (NOTE	: Registered	d Agent signature	required when	reinstating)	DATE			
TITLE NAME SHEEHAN, ROSE M 6480 NW 105 TERR 6480 NW 105 TERR PARKLAND FL 33076  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREE	Afte	r May 1, 200	3 Fee will be	\$550.00	ə								
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	10.	T=	OFFICE	ERS AND DIRECTO	RS	11.	T	Α[	ODITIONS/CHANGES TO OFFICE	RS AND	DIRECTOR	S IN 11	
NAME   STREET ADDRESS   CITY-ST-ZIP   CITY	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHEEHAN 6480 NW	105 TERR		□ Delete	NAME	ET ADDRESS				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE Delete Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	NAME STREE	ET ADDRESS				☐ Change	☐ Addition	
NAME	TITLE				☐ Delete	TITLE					☐ Change	Addition	
NAME   STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP	NAME . STREET ADDRESS CITY-ST-ZIP		ن جد ۱۰۰۰ میپیوس	بينيسي مياه وينسيد دي		\$TREI	ET ADDRESS		السائل بدار المستعيدي بالمستوي	u e ue			
NAME STREET ADDRESS CITY-ST-ZIP CITLE  NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHange Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	NAME STREE	ET ADDRESS				☐ Change	Addition	
- Solitor - Soli	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	NAME STREE	ET ADDRESS				☐ Change	☐ Addition	
STREET ADDRESS STREET ADDRESS	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	NAME STREE	T ADDRESS				☐ Change	☐ Addition	
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				و المراد	dage not evelify for			Lin Soction	119 07/2)/i) Florido Statutos I fu	ther perti	is that the i		

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: