

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90198 015 ***150.00

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DOCUMENT # P94000039707

1. Entity Name
MILDRED E. BANDY, P.A.



Principal Place of Business
**515 LAGUNA ROYALE BL.
#104
NAPLES FL 34119
US**

Mailing Address
**515 LAGUNA ROYALE BL.
#104
NAPLES FL 34119
US**



2. Principal Place of Business
103 Seville Place SW
Suite, Apt. #, etc.

3. Mailing Address
103 Seville Place SW
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Port Charlotte FL
Zip
33952
Country
US

City & State
Port Charlotte FL
Zip
33952
Country
US

4. FEI Number **65-0499220**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BANDY, MILDRED E
515 LAGUNA ROYALE BLVD
#104
NAPLES FL 34119**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
103 Seville Place SW
City **Port Charlotte FL** Zip Code **33952**

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 *Mildred E Bandy*
Signature typed or printed name of registered agent and title if applicable.

DATE **4/10/2003**
(NOTE: Registered Agent signature required when reinstating)

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

TITLE	D	<input type="checkbox"/> Delete
NAME	BANDY, JAMES A	
STREET ADDRESS	515 LAGUNA ROYALE BLVD, #104	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	D	<input type="checkbox"/> Delete
NAME	BANDY, MILDRED E	
STREET ADDRESS	515 LAGUNA ROYALE BLVD, #104	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	103 Seville Place SW
CITY-ST-ZIP	Port Charlotte FL 33952
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	103 Seville Place SW
CITY-ST-ZIP	Port Charlotte FL 33952
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Mildred E Bandy* **4/10/03 941-624-4562**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)