2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P94000091788 **DOCUMENT #**

1. Entity Name

GIBSON, VALENTI & ASHLEY, P.A.



FILED Mar 07, 2003 8:00 am § Secretary of State

03-07-2003 90085 006 ***150.00

Change Li Addition							
Suite Apt. #, etc. City & State	212 E. STUART AVE.		212 E. STUART AVE.				
Suite Apt. #, etc. City & State							
City & State Country Country See Co	2. Principal Place of Business		3. Mailing Address			TO 10201 12021 10001 10107 1811 1001	
Tip Country Zip Country 59-3285717 Not Applicable Set	Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
Second S	City & State		City & State		4. FEI Number 59-3285717		
GIBSON, ROBIN 212 E. STUART AVE. LAKE WALES FI. 33853 City FL Zip Code City FL Zip	Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional	
GIBSON, ROBIN 212 E STUART AVE LAKE WALES FL 33853 City FL Zip Code City Fl Zip Co		6. Name and Address of Current			7. Name and Address of New Registered	·	
Street Address (P.O. dox Number is Not Acceptable)				Name	Name:		
EAKE WALES FL 33853 City FL Zip Code				Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
8. 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 Synature, synator primed here of registered date it applicable. (NOTE Registered Agent agentating) DATE							
SIGNATURE Signat				City	F	Zip Code	
Signature, proper or primere name of legislated appets and side if appoiletable in Position	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						
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		ertify that the information available with	this filing does not		2		

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:

3/4/03

863/676-8584

Daytime Phone #