

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90075 005 ***150.00

FR30071 AV

DOCUMENT # P95000031185

1. Entity Name
PETER N. FLIGHTNER, P.A.



Principal Place of Business
**9002 CASCADA #102
NAPLES FL 34114**

Mailing Address
**9002 CASCADA #102
NAPLES FL 34114**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
7661 Mulberry Lane
Suite, Apt. #, etc.

3. Mailing Address
7661 Mulberry Lane
Suite, Apt. #, etc.

City & State
Naples FL

City & State
Naples FL

4. FEI Number **65-0565981**

Applied For
 Not Applicable

Zip **34114** Country **USA**

Zip **34114** Country **USA**

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

6. Name and Address of Current Registered Agent

**FLIGHTNER, PETER N
9002 CASCADA #102
NAPLES FL 34114**

7. Name and Address of New Registered Agent

Name **Peter N. Flightner PA**

Street Address (P.O. Box Number is Not Acceptable)
7661 mulberry Lane

City **Naples** State **FL** Zip Code **34114**

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 **Peter N. Flightner PA** **Peter N. Flightner PA** DATE **1/7/03**

Signature, typed or printed name of registered agent and title if applicable. (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 checked="" type="checkbox"/> Delete
NAME	FLIGHTNER, PETER N	
STREET ADDRESS	8502 BENT CREEK WAY	
CITY-ST-ZIP	NAPLES FL 34114-9421	
TITLE	Peter N. Flightner	<input type="checkbox"/> Delete
NAME	7661 Mulberry Lane	
STREET ADDRESS	Naples, FL - 34114	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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: **Peter N. Flightner** DATE **1/7/03** DAYTIME PHONE # **239-793-2033**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)