


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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AV

<b>DOCUMENT #</b> P95000035777	
<b>1. Entity Name</b> ROLAND AMATEIS, P.A.	

FILED  
03 SEP 10 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>Principal Place of Business</b> 7791 PEBBLE BEACH CT. LAKE WORTH FL 33467	<b>Mailing Address</b> 7791 PEBBLE BEACH CT. LAKE WORTH FL 33467
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

<b>4. FEI Number</b> 65-0583687		<input checked="" type="checkbox"/> Applied For
		<input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>
AMATEIS, ROLAND 7791 PEBBLE BEACH CT. LAKE WORTH FL 33467		Name
		Street Address (P.O. Box Number is Not Acceptable)
		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.**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PSTD AMATEIS, ROLAND 7791 PEBBLE BEACH CT. LAKE WORTH FL 33467		300023021873 09/12/03--01060--009 **150.00	
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**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: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

#P95000035777

Dear Sir,

This is a hardship letter requesting the additional penalty be forgiven. I am a 1 person corporation and a series of events happened this past year. My family and I have been battling Leukemia that visited my mother-in-law in March. We have been travelling between Lake Worth and Lakeland to take care of my mother-in-law. My business has suffered and some things have been overlooked. My accountant sold their business in February and my account was being handled by a new associate that was not doing her job and was subsequently fired.

Please grant me this exception and my good faith check in the amount of \$150 is enclosed.

Thank you,

A handwritten signature in cursive script that reads "Roland Amateis". The signature is fluid and written in dark ink.

Roland Amateis