

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90149 046 ***150.00

DOCUMENT # P95000040685

1. Entity Name
DOROTHY B. ZAHARAKO, P.A.



Principal Place of Business
8109 ALISTER PLACE 8821 ONE PUTT PLACE
PORT SAINT LUCIE FL 34986

Mailing Address
8109 ALISTER PLACE
PORT SAINT LUCIE FL 34986



2. Principal Place of Business
8821 ONE PUTT PLACE
Suite, Apt. #, etc.

3. Mailing Address
8821 ONE PUTT PLACE
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
ST. LUCIE WEST FL
Zip
34986
Country
US

City & State
ST. LUCIE WEST FL
Zip
34986
Country

4. FEI Number
65-0590440

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ZAMARAKS, DORTHY
8109 ALISTER PLACE 8821 ONE PUTT PLACE
PORT SAINT LUCIE FL 34986

7. Name and Address of New Registered Agent

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 *D. Zaharako*

2-20-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **DP** ☐ Delete
NAME **ZAHARAKO, DOROTHY B**
STREET ADDRESS **8109 ALISTER PLACE 8821 ONE PUTT PLACE**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34986**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

D. Zaharako
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/03

305-281-363

Date

Daytime Phone #

CR2E034 (10/02)