

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90135 037 ***150.00

DOCUMENT # **P95000053863**



1. Entity Name
SUSAN P. PARK, P.A.

Principal Place of Business
**777 BINNACLE DRIVE
NAPLES FL 34103
US**

Mailing Address
**777 BINNACLE DRIVE
NAPLES FL 33940**



2. Principal Place of Business
168 MORGAN LN
Suite, Apt. #, etc.

3. Mailing Address
168 MORGAN LN
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
PORT CHARLOTTE, FL

City & State
Port Charlotte FL

4. FEI Number **65-0601106**

Applied For
 Not Applicable

Zip
33952

Country
Charlotte

Zip
33953

Country
Charlotte

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARK, SUSAN P
777 BINNACLE DRIVE
NAPLES FL 34103**

Name **SUSAN P. PARK**

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

168 Morgan Lane

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 **Susan P. Park PA**
Signature, typed or printed name of registered agent and title if applicable.

SUSAN P. PARK
(NOTE: Registered Agent signature required when reinstating)

1/13/03
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
NAME **PARK, SUSAN P**
STREET ADDRESS **777 BINNACLE DRIVE**
CITY-ST-ZIP **NAPLES FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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: **Susan P. Park PA** **SUSAN P. PARK** **1/13/03** **239-246-6222**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)