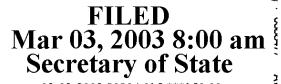
## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**



1. Entity Name VINCENT M. DOLCE, P.A.					03-03-2003 90904 015 ***150.00		
Principal Place of Business 6633 FORST HILL BOULEVARD WEST PALM BEACH FL 33413		Mailing Address 6633 FORST HILL BOULEVARD WEST PALM BEACH FL 33413					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-0622158	. FEI Number 65-0622158 Applied For Not Applicable		
Zip	Country	Zip	Country	,	5. Certificate of Status Desired	□ \$8.75 Fee Re	Additional
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New	Registered Agent	
DOLCE, VINCENT M							
6633 FORST HILL BOULEVARD			İ	Street Address (P.O. Box Number is Not Acceptable)			
WEST PALM BEACH FL 33413					<del> </del>		
÷				City FL Zip Code			
ine deligation	amed entity submits this statement for ns of registered agent.	the purpose of changing its	registered	office or register	ed agent, or both, in the State of FI		with, and accept
SIGNATURE	gnature, typed or printed name of registered agent a	nd title if applicable. (NOT	F: Registered Δα	gent signature required	whom relations	Date	
FiL After N	E NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of		a vogetore ve	york signature required	S. Election Campaign Fit     Trust Fund Contribution	· - •	5.00 May Be
10.	OFFICERS AND D	PIRECTORS	11.		ADDITIONS/CHANGES TO OFF	FICERS AND DIRECT	TORS IN 11
STREET ADDRESS 6	OLCE, VINCENT M 333 FORST HILL BOULEVARD EST PALM BEACH FL 33413	☐ Delete	TITLE NAME STREET A CITY-ST-	I .		☐ Char	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AI CITY-ST-	1		☐ Char	nge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	NAME STREET AG	F		Chan	ige . Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ALL CITY-ST-	DDRESS		☐ Chan	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-2			☐ Chan	ge Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME	porce	<u> </u>	☐ Chanç	ge Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statules. 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 Statules; 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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

Daytime Phone #