

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-24-2003 90169 043 ***150.00

DOCUMENT # P96000001027

1. Entity Name
LAW OFFICES OF RAYMOND J. SKELTON, P.A.



Principal Place of Business
**3335 N. UNIVERSITY DRIVE
STE 8
HOLLYWOOD, FL 33024 US**

Mailing Address
**3335 N. UNIVERSITY DRIVE
STE 8
HOLLYWOOD, FL 33024 US**

2. Principal Place of Business
**3349 N. University Drive
Suite #6**

3. Mailing Address
**12164 S.W. 51st Court
N/A**

City & State
Hollywood, FLORIDA

City & State
Cooper City, Florida

Zip
33024

Country
USA

Zip
33330

Country
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0630273**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SKELTON, RAYMOND J
12164 SOUTHWEST 51ST COURT
COOPER CITY, FL 33330**

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

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

(NOTE: Registered Agent's signature required when reinsuring)

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 **PT** ☐ Delete
NAME **SKELTON, RAYMOND J.**
STREET ADDRESS **12164 SW 51 CT**
CITY-ST-ZIP **COOPER CITY, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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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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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/2003 (PSV) 430-0152

Date

Daytime Phone #

CR2E034 (10/02)