FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Jul 23, 2002 8:00 am Secretary of State

05-14-2002 90351 038 ***150.00 07-23-2002 90331 036 ***150.00

DOCUMENT # P96000009524

1. Entity Name
NANCY AHERN, P.A.



	DO NOT WRITE	IN THIS SI	PÁC		B01	31214
2.₄Principal_Pl	lacs of Business	3. Mailing Address	SAME	the Mark Barrier		
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State BOCA RATON, FL			DO NOT WRITE IN THIS SPACE Applied For Not Ap	
$3\overline{3}^{2}428$	U.S.A.	33428	u.s		-5. Certificate of Status Desired	Fee Required -
Carl.				N##STCV 7	7. Name and Address of Current ReAHERN, P.A.	egistered Agent
DO NOT V		RITE	** * *********************************		P. Box Number is Not Acceptable! SAN BERNARDINO WAY	
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				BOCA RA		FL 3 ² 3°4°2′8
8. The above	named entity submits this statement	for the purpose of changing its	s registere	ed office or registe	red agent, or both, in the State of Florid	da.
SIGNATURE	1 Raunt	then_				DATE
~~~	Signature-typed or printed name of register/fit age	lanuary 121		d Agent signature require	d when reinstating)	
Tax filing	oration is eligible to satisfy its Intangib requirement and elects to do so. ria on back)	After May Amende Make Check Paya	/1 Fee i	s \$550.00 s \$61.25	10. Election Campaign Finar     Trust Fund Contribution.  Ite	ncing \$5.00 May Be Added to Fees
11.	OFFICERS AN	D DIRECTORS	1K. 19	ra Larria Carra		
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STREET ADDRESS	;	Ţ.	<b>**</b> ** 33	EET ADORESS		
CITY-ST-ZIP		with this filling does not qualify t	, y y	Y-ST-ZIP	Coction 110 07(3)(i) Florida Statutes I	further certify that the information
indicate	y certify that the information supplied vide on this report or supplemental report or proprietion or the receiver or trustee elent with an address, with all other like	moowered to execute this rep	t my signa oort as rec	ature shall have the quired by Chapter	e same legal effect as if made under 0 607, Florida Statutes; and that my nar	ath; that I am an officer or director ne appears in Block 11 or on an
	War.	Allen -	- Na	ncy the	IN 7-15-02	954-346-7288
SIGNA	TURE: / / LUL	OR PRINTED NAME OF SIGNING OFFICE	R OR DIREC		Date	Daytima Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment RH BO13/R14

## COMPLETE ACCOUTING SERVICES P.O. BOX 771210 CORAL SPRNGS, FL 33077-1210 Tel # 954-346-7288 Fax # 954-346-7217

July 19, 2002

Uniform Business Report Filing Division of Corporations

P.O. Box 1500

Tallahassee, Florida 32302-1500

RE: URR/P96000009524

To Whom It May Concern:

This is to request acceptance of the enclosed corporate renewal filing. The client did not receive the UBR form (see change of address) it is the client's responsibility to file the corporate annual report. We do not file the corporate annual report for our clients unless is given to us for filing.

Enclosed find check for \$150.00 for the filing fee.

Should you have any questions, please do not hesitate to call the office.

Thank you, for your assistance in this matter.

Sincerely,

Lissette A Mawby