## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P96000056400

1. Entity Name

PHILP A. CARLIN & ASSOCIATES, INC.



**FILED** Apr 10, 2003 8:00 am Secretary of State

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CARLIN, PHILIP A 125 S SWOOPE AVENUE SUITE 104 MAITLAND FL 32751  City  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, a tree obligations of registered agent, or both, in the State of Fiorida. I am familiar with, a tree obligations of registered agent, or both, in the State of Fiorida. I am familiar with, a tree obligations of registered agent, or both, in the State of Fiorida. I am familiar with, a tree obligations of registered agent and still applicable.  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Fiorida Department of State  10. OFFICERS AND DIRECTORS  TITLE NAME STREET ADDRESS CITY-ST-ZP  TITLE NAME SIREET ADDRESS CITY-ST-ZP  TITLE NAME		
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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: