

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

FILED
Jun 20, 2002 8:00 am
Secretary of State

DOCUMENT # **P96000065063**

06-20-2002 90056 018 ***150.00

1. Entity Name

STEPHEN J. PETOSA, P.A.

DO NOT WRITE IN THIS SPACE

870132

DO NOT WRITE IN THIS SPACE

| | | | |
|--|----------------------|--|---------|
| 2. Principal Place of Business 6074 C Durham Dr. | | 3. Mailing Address • SAME | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Lake Worth FL | | City & State | |
| Zip 33467 | Country US | Zip | Country |
| 4. FEI Number 65070003 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Stephen J Petosa**
Street Address (P.O. Box Number is Not Acceptable)
6074 C Durham Dr
City **Lake Worth FL** Zip Code **33467**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

| | | | |
|--|---|--|---------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Stephen J Petosa 6074 C Durham Drive Lake Worth FL 33467 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Stephen J Petosa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

6/10/02 561 307 0844

CR2E034B (12/01)