

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

**DOCUMENT # P96000088475**



1. Entity Name  
**JIM & DEBBIE WORCESTER, P.A.**

FILED

03 MAY -6 AM 7:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
29259 US 19 N  
CLEARWATER, FL 33761 US

Mailing Address  
5020 OYSTER COVE  
NEW PORT RICHEY, FL 34652 US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**5586 SALEM SQUARE**  
Suite, Apt. #, etc.  
**DR. S.**

City & State  
**PALM HARBOR, FL.**

Zip  
**34685**

Country  
**PINELLAS**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**WORCESTER, JAMES M  
6020 OYSTER COVE  
NEW PORT RICHEY, FL 34652**

4. FEI Number  
**58-3443264**

Applied For  
 Not Applicable

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when signing)



9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> Delete
NAME	<b>WORCESTER, JAMES M</b>	
STREET ADDRESS	<b>6020 OYSTER COVE</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY, FL 34652</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>900018301749</b>	
CITY-ST-ZIP	<b>05/06/03--01090--001 **163.75</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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: *James Worcester*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03 727-128108  
Date Daytime Phone #

CFR2034 (10/02)