FILED Jan 31, 2003 8:00 am **Secretary of State**

01-31-2003 90121 031 ***150.00

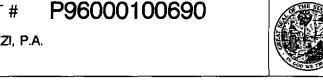
2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT# 1. Entity Name

Suite, Apt. #, etc.

City & State

CATHY L. LUCREZI, P.A.



Suite, Apt. #, etc.

City & State

Principal Place of Business Mailing Address 1500 COLONIAL BLVD.. SUITE 214 1500 COLONIAL BLVD.. SUITE 214 FORT MYERS FL 33907 FORT MYERS FL 33907 2. Principal Place of Business 3. Mailing Address

M CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0722412		1	Applied For
0070722412			Not Applicable
5. Certificate of Status Desired		\$8.75 A Fee Requi	
7. Name and Address of New Re	gistered	Agent	
متكسات ليشتر المناء المعط المساتا يتاك الموسطاناتان مناه	·	- .	
D. Box Number is Not Acceptable)	_	-	
		7:- 0-	

Zip	Country	Zip	Coun	ry	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
LUCDEZI CA	TUV			Name ==	The second secon		7.	
LUCREZI, CATHY L 1500 COLONIAL BLVD., SUITE 214			Street Address (P.O. Box Number is Not Acceptable)					
FORT MYER	S FL 33907							
	:		ĺ	City		FL	Zip Code	
	med entity submits this statemer s of registered agent.	it for the purpose of cha	anging its registere	d office or register	ed agent, or both, in the State of Fl	orida. I am	familiar with, and accept	
SIGNATURE								
	nature, typed or printed name of registered a	gent and title if applicable.	(NOTE: Registered	Agent signature required	when reinstating)	DATE		
3	NOW!!! FEE IS \$150.00 av 1, 2003 Fee will be \$550.	00			9. Election Campaign Fi	· ·	\$5.00 May Be	

hake Check	Payable to Florida Department of State					. 10 / 000	
10. OFFICERS AND DIRECTORS 11.			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCREZI, CATHY L 2256 HEITMAN STREET FORT MYERS TO 33901	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OCREZI, CATHY L. 500 Colonial Blud., Ste. 214 ort Myers, FL 33907	☐ Change	☐ Addition	
TITLE NAME Street address City-St-Zip		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>,</i>	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		- Deleter	NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition	
TITLE Name Street Address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST-7IP		☐ Change	☐ Addition	

indicated on this report or supplied with this riling does not quality 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. 12. Thereby 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

SIGNATURE: