

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

**DOCUMENT # P97000032150**

1. Entity Name  
**J. MICHAEL SAWYER, P.A.**



**90123477**

Principal Place of Business 5000 N.W. 27TH COURT #D GAINESVILLE, FL 32606	Mailing Address 5000 N.W. 27TH COURT #D GAINESVILLE, FL 32606
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State	City & State
Zip	Country

4. FEI Number <b>59-3452445</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent

**SAWYER, MICHAEL J**  
 5000 N.W. 27TH COURT #D  
 GAINESVILLE, FL 32606

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's signature obtained when resigning)

**FILE NOW WITH FEE IS \$150.00**  
 After May 13, 2003 Fee will be \$450.00  
 Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>SAWYER, MICHAEL J</b> 5000 N.W. 27TH COURT #D GAINESVILLE, FL 32606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

**J. Michael Sawyer**  
 04/30/03 352/371-3838

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2034 (10/02)