

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

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90108 018 ***150.00

DOCUMENT # **P97000049481**

1. Entity Name
STEVE VIGIL & SANDRA NG, P.A.



Principal Place of Business

~~3317 FOX LAKE DR~~
~~TAMPA FL 33618~~

Mailing Address

~~3317 FOX LAKE DR~~
~~TAMPA FL 33618~~

40005082



2. Principal Place of Business

16604 LAKE HEATHER DR

Suite, Apt. #, etc.
TAMPA FL

City & State
Tampa FL

Zip
33618

Country
Hillsborough

3. Mailing Address

16604 LAKE HEATHER DR

Suite, Apt. #, etc.

City & State
Tampa FL

Zip
33618

Country
Hillsborough

CHECK HERE IF MAKING CHANGES

4. FEI Number

NOT APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WATKINS, CARL T
5103 MEMORIAL HIGHWAY
TAMPA FL 33634

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

14 Jan 2003

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

TITLE NAME	D VIGIL, STEVE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	3317 FOX LAKE DR 16604 LAKE HEATHER DR TAMPA FL 33618 TAMPA FL 33618	
TITLE NAME	D VIGIL, SANDRA	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	3317 FOX LAKE DR 16604 LAKE HEATHER DR TAMPA FL 33618 TAMPA FL 33618	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	VIGIL, STEVE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	16604 LAKE HEATHER DR TAMPA FL 33618	
TITLE NAME	VIGIL, SANDRA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	16604 LAKE HEATHER DR TAMPA FL 33618	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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:

SIGNATURE REQUIRED
STEVE VIGIL

14 Jan 2003 **813-961-6000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)