

# 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**

3. Mailing Address

**16604 LAKE HEATHER DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**TAMPA FL**

**TAMPA FL**

City & State

City & State

**TAMPA FL**

**TAMPA FL**

Zip

Zip

**33618 Hillsborough**

**33618 Hillsborough**

Country

Country

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/02)

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**STEVE VIGIL**

Date

Daytime Phone #

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