2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P97000062157

1. Entity Name

VINCENT J. DIRITO, P.A.



FILED Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90148 042 ***150.00

						GOO WE TO						
Principal Place of Business 333 NORTH 1ST ST. STE 305 JACKSONVILLE BEACH FL 32250			Mailing Address 333 NORTH 1ST ST. STE 305 JACKSONVILLE BEACH FL 32250					1 MADUARU DE MADU HERM DE	1117 5 5 171 5 6 171 6 6 17 0		IK BIRIN INNA INNA	
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK H	ERE IF MAKING	CHANGES	5	
City & State			City & State					4. FEI Number 59-3460	700		pplied For	
Zip Country			Zip (Country		5. Certificate of Status Desire	ed \square	8.75 Ad		
	6. Name	and Address of Curren	t Register	ed Agent	<u> </u>	-		7. Name and Address of Ne			 -	
DIRITO V	/INCENT J					Name						
	TH 1ST ST.			Street Addre			ess (P.C	(P.O. Box Number is Not Acceptable)				
STE 305					Ţ		*					
JACKSON	NVILLE BEA	CH FL 32250							FL	Zip Cod	le	
8. The above the obligat	(Sto &	submits this statement forced agent. or printed name of registered agent	Un	cent I. [Ji Ri	d office or reg		agent, or both, in the State of	f Florida. I am fa 2 - / F - O DATE		and accept	
After	r May 1, 200	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of OFFICERS AND						9. Election Campaign Trust Fund Contribu	ution.	Added	May Be	
· · · · · · · · · · · · · · · · · · ·	·P		DIRECTO		11.		<u> </u>	ADDITIONS/CHANGES TO C	OFFICERS AND D	DIRECTOR	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	DIRITO, VII 333 NORT	NCENT J H 1ST ST. STE 305 /ILLE BEACH FL 3225	i0	☐ Delete	TITLE NAME STREET CITY-S	FADDRESS ST-ZIP			[Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		, "		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS	- <u>-</u> -		[Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7	*G		☐ Delete	TITLE NAME	ADDRESS	-			☐ Change	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.

SIGNATURE:

EQUIRED SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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