

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90958 034 ***150.00

DOCUMENT # P97000063629

1. Entity Name
HARRY D. SWEENEY CPA, P.A.



Principal Place of Business
**2691 E OAKLAND PARK BLVD.
SUITE #302
FT. LAUDERDALE FL 33306
US**

Mailing Address
**2691 E OAKLAND PARK BLVD.
SUITE #302
FT. LAUDERDALE FL 33308
US**

2. Principal Place of Business
2419 E. COMMERCIAL BLVD.

3. Mailing Address
2419 E. COMMERCIAL BLVD.

Suite, Apt. #, etc.
SUITE 302

Suite, Apt. #, etc.
SUITE 302

City & State
FT. LAUDERDALE

City & State
FT. LAUDERDALE, FL

Zip
33308

Country
USA

Zip
33308

Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0772483**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SWEENEY, HARRY D
2691 E OAKLAND PARK BLVD.
SUITE #302
FT. LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

Name **Harry D Sweeney**
Street Address (P.O. Box Number is Not Acceptable)
2419 E Commercial Blvd #302
City **FT. Lauderdale** State **FL** Zip Code **33308**

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 (applicable). (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS SWEENEY, HARRY D 2691 E OAKLAND PARK BLVD. SUITE #302 FT. LAUDERDALE FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2419 E. COMMERCIAL BLVD. SUITE 302 FT. LAUDERDALE, FL 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Harry D. Sweeney 2-28-03

Date Daytime Phone #

CR2E034 (10/02)