


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

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

04-16-2003 90168 049 ***150.00

DOCUMENT #	P98000011914	
1. Entity Name	K.A. BISHOP & ASSOCIATES, INC.	

DO NOT WRITE IN THIS SPACE

90088202

2. Principal Place of Business 3550 Galt Ocean Dr. #109	3. Mailing Address 3550 Galt Ocean Dr. #109
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Ft. Lauderdale, FL 33308	City & State Ft. Lauderdale, FL 33308	4. FEI Number 65-0811374	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33308	Country Broward	Zip 33308	Country Broward

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

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7. Name and Address of Current Registered Agent

Name
Bishop, Kathleen A.
Street Address (P.O. Box Number is Not Acceptable)
3550 Galt Ocean Dr. #109

City Ft. Lauderdale **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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)) **DATE** _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 PST	NAME Bishop, Kathleen A.	TITLE	
STREET ADDRESS 3550 Galt Ocean Dr. #109	STREET ADDRESS	STREET ADDRESS	
CITY - ST - ZIP Ft. Lauderdale, FL 33308	CITY - ST - ZIP	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Kathleen A. Bishop **4/14/03** **(954) 568-1002**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)