

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90162 018 ***150.00

DOCUMENT # **P98000018722**



1. Entity Name
COOMBS & ALVAREZ, INCORPORATED

Principal Place of Business
**1932 HARBOURSIDE DR.
APT 232
LONGBOAT KEY FL 34228
US**

Mailing Address
**P.O. BOX 8160
LONGBOAT KEY FL 34228
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **52-1806278**
Applied For
 Not Applicable

City & State

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COOMBS, ELIZABETH D
1932 HARBOURSIDE DR
APT 232
LONGBOAT KEY FL 34228**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if 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 **PD** Delete
NAME **COOMBS, ELIZABETH D**
STREET ADDRESS **P.O. BOX 8160**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **COOMBS, ELIZABETH D**
STREET ADDRESS **P O BOX 8160**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STCD** Delete
NAME **ALVAREZ, JAIME J**
STREET ADDRESS **2079 OTTER WAY**
CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE Change Addition
NAME **ALVAREZ, JAIME I**
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
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: *Elizabeth D Coombs* **2/24/03** **941-383-3200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

RECEIVED

CR2E034 (10/02)