2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000048608 DOCUMENT # 1. Entity Name

GEMMA HALPIN-KOCH, C.P.A., P.A.



FILED Feb 17, 2003 8:00 am Secretary of State

02-17-2003 90286 027 ***150.00

Principal Place of Business 11650 S.W. FIRST STREET SUITE 101 PLANTATION FL 33325		Mailing Address 11650 S.W. FIRST STREET SUITE 101 PLANTATION FL 33325			 11 111 11 111 6 1111 3	- <u>-</u> 1314 01004 10114	6 71); 76 (87 480) (8	
2. Principal Place of B	Business	3. Mailing Address		- 1				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			□ СНЕСК Н	IERE IE MAKI	NG CHANG	eec.
City & State		City & State			4. FEI Number 65-0843959			Applied For
Zip	Country	Zip	Country		5. Certificate of Status Desir		\$8.75	Not Applicat
6. Na	ime and Address of Current I	Registered Agent-			7. Name and Address of N	_	Fee Requ	uired
HALPIN-KOCH, G	ENTRE:		Ni	ame		en negistere	u Agent	
11650 S.W. FIRST STREET			Street Address		(P.O. Box Number is Not Accept	table)		
SUITE 101								
PLANTATION FL 3	33325 ¹		0.0					
8. The above parred or	otity outbraits 45 to 114		Cii		red agent, or both, in the State of	F	Zip C	ode
FILE NOW	/!!! FEE IS \$150.00 003 Fee will be \$550.00 to Florida Department of \$		OTE: Registered Agent	signature required	when reinstating) 9. Election Campaigr Trust Fund Contrib	DATE Thancing	\$5	.00 May Be
10.	OFFICERS AND D		11.	-				
STREET ADDRESS 11650 S CITY-ST-ZIP PLANTA	KOCH, GEMMA SW FIRST ST. STE 101 TION FL 33225	☐ Delete	TITLE NAME STREET ADDR	ness	ADDITIONS/CHANGES TO C	OFFICERS AN	D DIRECTO Change	
NAME STREET ADDRESS OITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	ESS			☐ Change	☐ Addition
ITLE IAME STREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ESS		<u> </u>	☐ Change	Addition
TLE AME IREET ADDRESS TY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	SS			☐ Change	☐ Addition
TLE AME REET ADDRESS TY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	ss			☐ Change	☐ Addition
'LE		Delete	TITLE NAME			-	☐ Change	☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR