## 2002 UNIFORM BUSINESS REPORT (UBR)

## P98000052475 DOCUMENT #

1. Entity Name

RICHARD DE SAINT GEORGES, P.A.

YGOAGOKUNSIA DRIVE # 201 propredetainary Drive of 201 TAMPA FL 33606 TAMPA FL 33606 2. Principal Place of Business MBIA DRIVE 160 Cohungia DO NOT WRITE IN THIS SPACE Suite, Apt. Applied For 4. FEI Number 59-3516823 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Beguired -Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DE ST. GEORGES, RICHARD 160 COLLINGIA DRIVE, #201 824 BOSPHOROUS AVENUE-TAMPA FL 33606 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State П (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change . 🗷 Delete TITLE DE ST. GEORGES, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS TAMPA FL 33606 CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE DE ST. GEORGES RICHARD NAME 160 , COLUMBIA DENE, # 201 STREET ADDRESS STREET ADDRESS FL. 33606 CITY-ST-ZIE CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME

13. 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 of the leceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if ent with an address with all other like empowered. PRSIDENT. changed, or on an attach

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IF

TITLE

NAME

☐ Delete

FILED Jul 09, 2002 8:00 am

**Secretary of State** 

07-09-2002 90017 046 \*\*\*550 00

Change

☐ Addition

(4/02)CR2E034