

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000058110

FILED  
Jan 10, 2003  
Secretary of State

**Entity Name:** SHARON HODGSON ACCUPUNCTURE PHYSICIAN PA

**Current Principal Place of Business:**

12209 WOOD DUCK PL  
TEMPLE TERRACE, FL 33617

**New Principal Place of Business:**

**Current Mailing Address:**

12209 WOOD DUCK PL  
TEMPLE TERRACE, FL 33617

**New Mailing Address:**

**FEI Number:** 59-3519821

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HODGSON, SHARON AP PA  
12209 WOOD DUCK PL  
TEMPLE TERRACE, FL 33617

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HODGSON, SHARON L  
Address: 12209 WOOD DUCK PL  
City-St-Zip: TEMPLE TERRACE, FL 33617

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON HODGSON

P

01/10/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date