

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 91022 024 ***150.00

DOCUMENT # P98000067397

1. Entity Name
ELIZABETH B. CALDWELL, P.A.



Principal Place of Business
**1216 CAMELLIA CIRCLE
WESTON FL 33326**

Mailing Address
**1216 CAMELLIA CIRCLE
WESTON FL 33326**

2. Principal Place of Business

3. Mailing Address

2727 Oakbrook Lane ← **same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Weston, FL

Zip

33332

Country

Broward

Country

4. FEI Number

65-0862279

Applied For

Not Applicable

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

**CALDWELL, ELIZABETH B
1216 CAMELLIA CIRCLE
WESTON FL 33326**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ Delete
NAME **P**
STREET ADDRESS **CALDWELL, ELIZABETH B**
CITY-ST-ZIP **1216 CAMELLIA CIR
WESTON FL 33326**

TITLE ☐ Change ☐ Addition
NAME **Caldwell, Elizabeth B.**
STREET ADDRESS **2727 Oakbrook Lane**
CITY-ST-ZIP **Weston FL 33332**

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
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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 another like empowered.

SIGNATURE:

Elizabeth B. Caldwell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/03

Date

Daytime Phone #

954 646-6332

CR2E034 (10/02)