

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90327 001 \*\*\*150.00

**DOCUMENT # P98000081383**



1. Entity Name  
**EDWARD T. CULBERTSON, P.A.**

Principal Place of Business  
**3800 CENTRAL AVE  
SAINT PETERSBURG FL 33711**

Mailing Address  
**3800 CENTRAL AVE  
SAINT PETERSBURG FL 33711**



2. Principal Place of Business  
**3621 CENTRAL AVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**3621 CENTRAL AVE.**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**ST. PETERSBURG, FL**

City & State  
**ST. PETERSBURG, FL**

4. FEI Number **59-3534432**

Applied For  
 Not Applicable

Zip Country  
**33713 Pinellas**

Zip Country  
**33713 PINELLAS**

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**

**CULBERTSON, EDWARD T  
3800 CENTRAL AVE  
SAINT PETERSBURG FL 33711**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**3621 CENTRAL AVE**  
City **ST. PETERSBURG** FL Zip Code **33713**

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CULBERTSON, EDWARD T</b> <b>3800 CENTRAL AVE</b> <b>SAINT PETERSBURG FL 33711</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3621 CENTRAL AVE.</b> <b>ST. PETERSBURG, FL 33713</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** SIGNATURE **4/17/03** **7273277526**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)