

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90145 043 \*\*\*150.00

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AV

**DOCUMENT # P98000092236**



1. Entity Name  
**GLORIA SEIDULE, P.A.**

Principal Place of Business  
**759 S FEDERAL HWY  
STE 208  
STUART FL 34994  
US**

Mailing Address  
**759 S FEDERAL HWY  
STE 208  
STUART FL 34994  
US**



2. Principal Place of Business  
**729 S. Federal Hwy**

3. Mailing Address  
**729 S. Federal Hwy**

Suite, Apt. #, etc.  
**Suite 210**

Suite, Apt. #, etc.  
**Suite 210**

City & State  
**Stuart, FL**

City & State  
**Stuart, FL**

4. FEI Number **65-0890077**

Applied For  
Not Applicable

Zip  
**34994**

Country  
**USA**

Zip  
**34994**

Country  
**USA**

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**

**SEIDULE, GLORIA  
5308 SW AVILA CT  
PALM CITY FL 34990**

Name **Gloria Seidule**

Street Address (P.O. Box Number is Not Acceptable)

**4457 SW Long Bay Drive**

City **Palm City** **FL** Zip Code **34990**

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 **D SEIDULE, GLORIA**  
STREET ADDRESS **5308 S.W. AVILA COURT**  
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE  Change  Addition  
NAME  
STREET ADDRESS **4457 SW Long Bay Drive**  
CITY-ST-ZIP **Palm City, FL 34990**

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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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  Addition  
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CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE: **Gloria Seidule**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/17/03 772-287-1220**  
Date Daytime Phone #

CR2E034 (10/02)