

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000105744

FILED  
Feb 18, 2003  
Secretary of State

Entity Name: CLAIRE LICCIARDI, P.A.

## Current Principal Place of Business:

3255 TAMIAMI TRAIL NORTH  
NAPLES, FL 34103 US

## New Principal Place of Business:

## Current Mailing Address:

3255 TAMIAMI TRAIL NORTH  
NAPLES, FL 34103 US

## New Mailing Address:

FEI Number: 59-3554099

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LICCIARDI, CLAIRE  
3255 TAMIAMI TRAIL NORTH  
NAPLES, FL 34103 US

## 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: D ( ) Delete  
Name: LICCIARDI, CLAIRE  
Address: 3255 TAMIAMI TRAIL NORTH  
City-St-Zip: NAPLES, FL 34103

## 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: CLAIRE LICCIARDI

D

02/18/2003

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

\_\_\_\_\_  
Date