

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 15, 2002 8:00 am
Secretary of State

07-15-2002 90183 003 ***150.00

DOCUMENT # P99000003108

1. Entity Name

RONA LYNN SHERIDAN, P.A.

Principal Place of Business

**2500 WESTON ROAD
 SUITE 103
 FORT LAUDERDALE FL 33331**

Mailing Address

**2500 WESTON ROAD
 SUITE 103
 FORT LAUDERDALE FL 33331**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0888280**

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

**SHERIDAN, RONA L
 2500 WESTON RD SUITE 103
 FORT LAUDERDALE FL 33331**

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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00
 After September 13, 2002 Fee will be \$750.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD SHERIDAN, RONA L 2500 WESTON ROAD FORT LAUDERDALE FL 33331	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SHERIDAN, PAUL J 1023 LAGUNA SPRINGS DR WESTON FL 33326	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rona L. Sheridan* **RONA L. SHERIDAN** 7/12/02 954-453-1616
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)



**Above
the
Crowd!**

7/12/02

Attachment
P99000003108

170348

**STAR·HOME
TEAM**



The Experience and Personal Service You Deserve



Rona Sheridan, PA, GRI, CRS
REALTOR-ASSOCIATE®

(954) 453-1616

To: Department of State

I am writing you this letter
because this is the first
notice I received for 2002.

I received this notice
7.10.02. I am sending
the \$150.00 that would
of been due if I would
of received a notice
prior to 7.10.02. Thank
you for your cooperation.

Rona Sheridan
PSTD

Buyer Specialist: Stacey Leinaala Sheridan
Alfonso Suarez

Experience the most sophisticated, professional Real Estate Team around. Shoot for the Stars ...
experience **STAR HOME TEAM**

RE/MAX Hometown, Inc.

★**STAR HOME TEAM**★
2500 Weston Rd., Suite 105
Fort Lauderdale, Florida 33331
Office: (954) 453-1616
Fax: (954) 453-8244
Toll Free: (800) 488-1758 ext. 4756
E-mail: starhometeam@bellsouth.net
Each Office Independently Owned and Operated