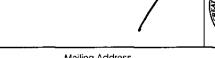
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900018551

1. Entity Name VIGNA, P.A.

ne .**A**.





08-01-2003 90057 006 ***550.00

Principal Place of Business 10539 CHEVAL PLACE 10539 CHEVAL PLACE BRADENTON FL 34202 Mailing Address 10539 CHEVAL PLACE BRADENTON FL 34202					
2. Principal Place of Business		3. Mailing Address			#100 #1000 1010# 04100 7 01#8 1#03 1004
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 65-0901510	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Register	ed Agent
			Name	;	
WICKMAN	N & WYCKOFF, P.A.		Street Address	ss (P.O. Box Number is Not Acceptable)	
4909 MAI	NATEE AVENUE WEST		Sileet Addres		
	TON FL 34209				
	,		City		Zip Code
the obligat	tions of registered agent.		TE: Registered Agent signature requ	stered agent, or both, in the State of Florida.	
F After Se	FILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$75 k Payable to Florida Department of OFFICERS AND	0.00 of State	11.	9. Election Campaign Financing Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS A	\$5.00 May Be Added to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP.	P VIGINA, CHRISTOPHER M 10539 CHEVAL PLACE BRADENTON FL 34202	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICEINS	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ş* \$,	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS		☐ Delete	THTLE NAME STREET ADDRESS	3 100	☐ Change ☐ 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:

SIGNATURE:

S'GNATURE REQUIRED

changed, or on an attachment with an address, with all other like empowered

7/25/03

941-650-048

Davime Phone *

Daytime Phor

(034 (4/03)