2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P99000056550

1. Entity Name JOHN H. DEW, P. A.



FILED Feb 26, 2003 8:00 am Secretary of State

02-26-2003 90182 023 ***150.00

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Principal Place of Business 7555 SAN MIGUEL WAY NAPLES FL 34109		Mailing Address 7555 SAN MIGUEL V NAPLES FL 34109	WAY		
		<u> </u>			
2. Principal I	Place of Business	3. Mailing Address		t resistant the name somm serin bettin 08/14 00/44 61/44 01/61 01/61 01/61 01/61 01/61 01/61	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number NOT APPLICABLE Applied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired	
	6. Name and Address of Currer	nt Registered Agent		7. Name and Address of New Registered Agent	
			Name		
ROSS, DONALD K JR 2640 GOLDEN GATE PARKWAY STE 206 NAPLES FL 34105			Street Address	ss (P.O. Box Number is Not Acceptable)	
NAPLES	FL 34105				
			City	FL Zip Code	
trie obliga	e named entity submits this statement tions of registered agent.	for the purpose of changin	g its registered office or regist	stered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE					
·	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Registered Agent signature requi	uired when reinstating) DATE	
F	ILE NOW!!! FEE IS \$150.00	<u> </u>	T-1	2 5 1	
	r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department			9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be	
10.	OFFICERS AN	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	D DEW, JOHN H 7555 SAN MIGUEL WAY NAPLES FL 34109	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ 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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR