2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

2655 N OCEAN DRIVE STE 300

SINGER ISLAND FL 33404

DOCUMENT # P99000074691

1. Entity Name

Principal Place of Business

SINGER ISLAND FL 33404

2655 N OCEAN DRIVE STE 300

LAW OFFICE OF ANNE H. FORD, P.A.



FILED
Jan 17, 2003 8:00 am
Secretary of State
01-17-2003 90098 040 ***150.00

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							. 1001) 81010 91110 11	<i>(</i> 18) 1181 1881	
2. Principal P	ace of Business	3. Mailing Addre	3. Mailing Address			I I Bathbat tin totta jatit batit götti ontil asiit	100() 01 4 10 4()	ION INEL INEL	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State	9	City & State	City & State			FEI Number 65-0938645 Applied For Not Applicable			
Zip	Country Zip			Country		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				
FORD, ANNE H				Name Street Address (P.O. Box Number is Not Acceptable)					
2655 N OCEAN DRIVE STE 300				Citod Hodiso (1.5. Both and 1.5. Both					
SINGER ISLAND FL 33404				City FL Zip Code					
R ::The above	named entity submits this statement	for the purpose of cha	anging is regist	ered office or re	gistered age	ent, or both, in the State of Florida. I am	n familiar with, a	and accept	
	ons of registered agent.	1/-/					/		
1. /		74 _ I	<i>77</i>			1/13	/23	ĺ	
SIGNATURE.	Signature, typed or printed name of registered agr	no Liste if policiple	/NOTE: Begiste	ered Agent signature re	acuired when re	einstaling) DATE	0 /		
in the state of th	Signature, typed or printed name or registered agr	ви алачие и аррисаоте.	(NOTE: Neglati	Sied Agent signature i	Equito Mionio	1			
<i>5</i> F	ILE NOW!!! FEE IS \$150.00]				9. Election Campaign Financing	\$5.0	О мау Ве	
	May 1, 2003 Fee will be \$550.0					· -		to Fees	
Make Check	Payable to Florida Department	of State							
10.	OFFICERS AN	ID DIRECTORS	1	1.	AD	DITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS		
TITLE .	P	. 🗀 D	elete Ti	ITLE			Change	Addition	
NAME	FORD, ANNE M		N.	IAME					
STREET ADDRESS	2655 N OCEAN DR #300			TREET ADDRESS		•			
CITY-ST-ZIP	WEST PALM BEACH FL 33404		С	ITY-ST-ZIP	-				
TITLE		D	elete	ITLE			Change	☐ Addition	
NAME			N.	IAME					
STREET ADDRESS			s	TREET ADDRESS					
CITY-ST-ZIP			С	ITY-ST-ZIP					
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NAME				IAME					
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CITY-ST-ZIP			С	CITY-ST-ZIP		1.010			
40 11 11	- wife , the at the information of the limit	ith this filling does not	qualify for the o	vernation stated	Lin Section	119 07/3\(ii) Florida Statutes I further c	ertify that the in	oformation	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

//13/8 3 Date

Daytime Phone #