UNIFORM	BUSINESS REPORT	(UB
DOCUMENT # 1. Entity Name	P99000090480	
LAW OFFICES OF THE	OMAS C. GANO. P.A	



FILED Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90055 004 ***150.00

400 EXECUT STE 201	ace of Business IVE CENTER DR BEACH FL 33401	Mailing Address 14915 19TH ST. NORTH LOXAHATCHEE FL 3347				
US	DENOTIFE 33401			! (187 /1 97)		
2. Principal	Place of Business	3. Mailing Address	·			
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKII	NG CHANGES	S
City & Sta	ate	City & State		4. FEI Number 65-0958371	1	Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 AC	
*-	6. Name and Address of Curren	t Registered Agent-		7. Name and Address of New Registered	Fee Requir	ed
			Name	Traine and Address of New Registered	Agent	
14915 19	Homas C ITH St. North ICHEE FL 33470		Street Addres	ss (P.O. Box Number is Not Acceptable)		
<u>.</u>			City	F	Zip Cod	
8. The above	a named entity submits this statement factions of registered agent.	or the purpose of changing it	s registered office or regis	tered agent, or both, in the State of Florida. I an	n familiar with	and accent
ine obliga	tions of registered agent.					, ш. а сосорі
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable (A)C				
	ILE NOW!!! FEE IS \$150.00	(NO	E: Registered Agent signature requ	ired when reinstating) DATE		
After Make Check	r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department o	of State	•	Election Campaign Financing Trust Fund Contribution.	\$5.0 Added	00 May Be d to Fees
TITLE	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	GANO, THOMAS C 14915 19TH ST. NORTH LOXAHATCHEE FL 33470	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP	:	☐ 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
ITLE IAME STREET ADDRESS SITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with a the repowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

<u> Peg</u>jired SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #