

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 JUN -7 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000090803
1. Entity Name
CLARA ELIZABETH SIGMON, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 104 CRANES LAKE DRIVE Suite, Apt. #, etc.	3. Mailing Address 104 CRANES LAKE DRIVE Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State PONTE VEDRA BEACH, FL	City & State PONTE VEDRA BEACH, FL	4. FEI Number 59-3603114	Applied For Not Applicable
Zip 32082	Country USA	Zip 32082	Country USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CLARA E. SIGMON

Street Address (P.O. Box Number is Not Acceptable)
104 CRANES LAKE DRIVE

City
PONTE VEDRA BEACH FL Zip Code
32082

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD Sigmon, Clara E. 104 Cranes Lake Dr. Ponte Vedra Beach, FL 32082	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	200005817342--6 -06/18/02--01066--014 ****150.00 ****150.00
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Clara E. Sigmon* **Clara E. Sigmon** 6/5/02 (904) 241-2533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)