2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED May 21, 2003 8:00 am Secretary of State

DOCUMENT # P99000090803					05-21-2003 90193 045 ***150.00		
CLAF	RA ELIZABETH SIGMON	N, P.A.					
	DO NOT WRITE	IN THIS SPA	ACE				
Principal Place of Business 104 CRANES LAKE DRIVE		3. Mailing Address 104 CRANES LAKE DRIVE					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WAITE IN THIS SPACE		
City & State PONTE VEDRA BEACH, FLORIDA		City & State PONTE VEDRA BEACH, FLORIDA		DA 4. F	59-3603114	Applied For Not Applicable	
Zip 32082	Country USA		Country JSA	. 5. 0		\$8.75 Additional Fee Required	
	*		5,	7. Na	me and Address of Current Registered	Agent	
. نيئة وي سند ا در	والكار والمراجعة ويستسا بأبا يس الأسمعيين		원목 Name C	LARA E.	SIGMON	-	
	DO NOT W	RITE -	Street Add	ress (P.O. B	ox Number is Not Acceptable)		
	IN THIS CO	ACE	16.				
IN THIS SP		ACE	104 CRANES LAKE DRIVE				
	*	ř ř	City PO	NTE VED	DRA BEACH FL	Zip Code 32082	
		the purpose of changing its reg	istered office or re	gistered age	ent, or both, in the State of Florida. I am fa	amiliar with, and accept	
the obligat	tions of registered agent.						
SIGNATURE							
	Signature, typed or printed hame of registered agent at	nd fille if applicable. (NOTE: Rec	gisterad Agera signatura	required when re	instating) DATE		
	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of	State		·	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND D	DIRECTORS					
TITLE	DPST		TITLE			CRZE034B (12/02)	
NAME	SIGMON, CLARA		NAME		The state of the s	3	
STREET ADDRESS 104 CRANES LAKE DRIVE		STREET ADDRESS CITY: ST-ZIP		And the state of t	X		
	PONTE VEDRA BEACH E	ORIDA 32082					
TITLE 2	,	:	TIPLE			<u> </u>	
NAME STREET ADDRESS			NAME STREET ADDRESS			ا	
CITY-ST-ZIP	,		-CITY-ST-ZIP			,	
	1	■ :			12 ° M		

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 on an attachment with an address, with all other like empowered.

NAME STREET ADDRESS

NAME STREET ADDRESS

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY, ST-ZIP

CITY-ST-ZIP

	SIGNATURE: CLARA SIGMO
1	SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

City-St-ZiP TITLE

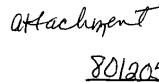
CITY-ST-ZIP TITLE



DO NOT WRITE

IN THIS SPACE

904-285-4884





✓ Income Tax Service

✓ Financial & Insurance Services

✓ Accounting & Bookkeeping Services

320 Osceola Avenue

4 April 12 April 12

May 20, 2003

Division of Corporations Annual Reports Filing Post Office Box 6327 Tallahassee, FL 32314

RE:_ Profit Corporation Reinstatement
Document P99000090803 - Clara Elizabeth Sigmon, P.A.

Dear Sir/Madam,

Please see the enclosed Uniform Business Report for our client listed above. We are requesting that you accept her application and payment of \$150.00, for the year 2003.

Ms. Sigmon, President of the above Corporation, did not receive her report for the referenced period. Upon our annual review of this account along with your web site, it was determined that she had not filed. She has always filed her government paperwork timely and is very conscientious regarding payment for all yearly fees and taxes.

Thank you for your help and consideration with this matter. Please contact me if you have any questions/concerns regarding this matter.

Sincerely,

Heather Copeland

Enclosure: Uniform Business Report

Check #4101