


2003

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

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

05-21-2003 90193 045 \*\*\*150.00

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.
City & State PONTE VEDRA BEACH, FLORIDA	City & State PONTE VEDRA BEACH, FLORIDA
Zip 32082	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3603114	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

<b>DO NOT WRITE IN THIS SPACE</b>	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 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SIGMON, CLARA 104 CRANES LAKE DRIVE PONTE VEDRA BEACH, FLORIDA 32082	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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.

SIGNATURE: Clara E. Sigmon CLARA SIGMON 5-19-03 904-285-4884  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)



- ✓ Income Tax Service
- ✓ Financial & Insurance Services
- ✓ Accounting & Bookkeeping Services

Attachment

320 Osceola Avenue  
Jacksonville Beach, FL 32250  
Phone 904/241-2533  
Fax: 904/241-1604  
www.triplechecktax.com

80120554  
#A99000090803

May 20, 2003

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

RE: Profit Corporation Reinstatement  
Document P990000090803 - 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