FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000100949

1. Entity Name

DONALD L. VINCENT, P.A.



FILED Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90175 037 ***150.00

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	Place of Business eystone Drive	3. Mailing Address 717 E. Oa	k Street							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT	DO NOT WRITE IN THIS SPACE				
City & State	e	City & State		. –	4. FEI Number 59–360	Applied For				
Clermont		<u>Kissimmee</u>				Not Applicable				
Zip 34711	Country USA	34744	Zip Coun 34744 USA		5. Certificate of Status Desi	red \$8.75 Additional Fee Required				
are con	man and the same and the		and the same of th		7. Name and Address of Cu	rrent Registered Ag	ent			
		a company to the state of the s		Name Har	ry J. Swart, CPA					
	DO NOT V	VRITE	: 1	Street Address	s (P.O. Box Number is Not Accep	otable)				
4.1	IN THIS S	DACE		717 E. Oák St.						
A. d	IIA I LIIO O	FAUL								
				City Kis	simmee	FL	Zip Code 34744			
	named entity submits this statemen	t for the purpose of changi	ng its registered	office or regist	tered agent, or both, in the State	of Florida. I am famil	iar with, and accept			
the obligat	ions of registered agent.									
			•			2/27/03	,			
SIGNATURE .	Signature, typed or printed name of registered ag	ent and title il applicable.	(NOTE: Registered	Agent signature requi	red when reinstating)	DATE				
, Jar	nuary 1 - May 1 Fee is \$150.00									
	After May 1, Fee is \$550.00				9. Election Campaig	·	\$5.00 May Be			
Make Check	Amended UBR is \$61.25 Payable to Florida Department	of State	· -		Trust Fund Contril	oution. Li	Added to Fees			
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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

SIGNATURE AND TYPED ORTHINTED NAME OF SIGNING OFFICER OR DIPLECTOR

3/05/03 352-243-489

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