

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

05-07-2003 90168 046 \*\*\*150.00

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**DOCUMENT # P99000104728**

1. Entity Name

LINDA C. ROUSSEAU HARTIGAN, P.A.



Principal Place of Business  
120 LEHANE TERRACE  
UNIT 106  
NORTH PALM BEACH FL 33408

Mailing Address  
120 LEHANE TERRACE  
UNIT 106  
NORTH PALM BEACH FL 33408

2. Principal Place of Business

3. Mailing Address

P.O. Box 8096

P.O. Box 8096

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jupiter, FL

City & State

Jupiter, FL

Zip

33468 USA

Zip

33468 USA

6. Name and Address of Current Registered Agent

ROUSSEAU HARTIGAN, LINDA C  
120 LEHANE TERRACE  
UNIT 106  
NORTH PALM BEACH FL 33408

*address change only*

7. Name and Address of New Registered Agent

Name: ROUSSEAU HARTIGAN, Linda C  
Street Address (P.O. Box Number is Not Acceptable): 2000 PGA BLVD Suite 3110  
PALM BEACH GARDENS  
City: FL Zip Code: 33408

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D  
NAME: ROUSSEAU HARTIGAN, LINDA C  
STREET ADDRESS: 120 LEHANE TERRACE, UNIT 106  
CITY-ST-ZIP: NORTH PALM BEACH FL 33408 ☐ Delete

TITLE: D  
NAME: ROUSSEAU HARTIGAN, Linda C  
STREET ADDRESS: 2000 PGA BLVD Suite 3110  
PALM BEACH GARDENS, FL 33408 ☐ Change ☐ Addition  
3110

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
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TITLE: ☐ Change ☐ Addition  
NAME:   
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CITY-ST-ZIP:

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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-3-03 Daytime Phone # 625-2707

CR2E034 (10/02)