

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90153 026 ***158.75

DOCUMENT # S73311

1. Entity Name
GARY E. FARMER, C.P.A., P.A.



Principal Place of Business
4809-A EHRlich RD
TAMPA FL 33624
US

Mailing Address
5364 EHRlich ROAD
PMB 362
TAMPA FL 33624



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

12512 REGENCY ST.
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

Zip

33625

Country **USA**

Country

4. FEI Number **59-3081067**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

FARMER, GARY E
4809-A EHRlich RD
TAMPA FL 33624

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

12512 REGENCY ST.

City

TAMPA

FL

Zip Code

33625

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

1/16/03

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

TITLE **P**
NAME **FARMER, GARY E.**
STREET ADDRESS **12512 REGENCY ST.**
CITY-ST-ZIP **TAMPA FL**

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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

1/16/03

Date

813-963-2005

Daytime Phone #

CR2E034 (10/02)