## FILED Jan 27, 2003 8:00 am Secretary of State 01-27-2003 90349 018 \*\*\*150.00

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

S92596 **DOCUMENT #** 

1. Entity Name

BRIANT & GIRARDIN, P.A.



2. Principal Place of Susiness  Sulfo, Apt 4, etc.  Sulfe, Apt 6, etc.  Sulfe, Apt 4, etc.  Sulfe, Apt 6, etc.  Sulfe, Apt 6, etc.  City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  S. Contrictate of Status Desired  S. 75 Adaptional Fore Required  S. 75 Adaptio	Principal Plac 6216 TRAIL B NAPLES FL 3	LVD N	Mailing Address 6216 TRAIL BLVD N NAPLES FL 34108								
City & State    City & State   Country   Trip   Country   S. Carifficate of Statue Desired   Set 78 Aprillor Investment   Name and Address of Current Registered Agent   Trip   State   Set 78 Aprillor Investment   Set 78	2. Principal Place of Business		3. Mailing Address				I ABBRADA IIO 18110 TIGOT DITIO IBIIO REAL BII	ii <b>dia</b> i <b>bib</b> il	DIBII DI	011	
No. Publication   No. Public	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
Country   Zip   Country   Zip   Country   5. Corrificate of Status Desired   \$8.75 Actilibroal For Required Agent   Feb. Required	City & Stat	е	City & State			<b>4.</b> F	-El Number <b>65-0293046</b>	Ţ			
GIRARDIN, CAROL E. 803 HICKORY RD Y NAPLES FL 34108  8. The above made antity submits this statement for the outpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Signat	Zip	Country	Zip	Country			5 Continue Control   \$8.75 Additional				
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NAPLES FL 34108  Silect Nationals (No.) Six No.	CIRÁRDIN	CAROLE									
NAPLES FL 34108  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 to 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, types or printer name or registered agent used the *reprisable*   (NOTE Registered Agent signature required when remotions)   DATE			Street Addre			s (P.O. Box Number is Not Acceptable)					
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SIGNATURE   Signature system or printer name of registered agent to a title I legalizable   (NOTE Registered Agent signature required when reintations)   DATE	NAPLES FL 34108				City		F	Zip	) Code	)	
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME BRIANT, PENELOPE ANN STREET ADDRESS OCTY-ST-2P  TITLE OGIRANDIN, CAROL E. STREET ADDRESS OCTY-ST-2P  TITLE OGIRANDIN, CAROL E. STREET ADDRESS OCTY-ST-2P  TITLE NAME STREET ADDRESS OCTY-ST-2P  TITLE STREET ADDRESS OCTY-ST-2P											
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reflectly certify that the information supplied with this inling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. Figure 1 certify that the information indicated on this report or suppliemental 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:**