2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 506787

1. Entity Name

SERGIO H. VALLEJO, P.A.

Dringing Dice									
Principal Plac	e of Business	Mailing Ad	dress						
1645 LAKELAND HILLS BLVD LAKELAND FL 33805			1645 LAKELAND HILLS BLVD LAKELAND FL 33805						
2. Principal F	Place of Business	3. Mailing A	Address						
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Suite, Apt. #, etc.		Suite, Ap	Suite, Apt. #, etc.			DO NOT WRITE IN THIS S	PACE		
City & State		City & St	City & State		4. F	El Number 59-1623611		plied For t Applicable	
Zip	Country	Zip	C	ountry	5 . 0	Certificate of Status Desired ~	\$8.75 Add ee Require	litional d	
	6. Name and Address of Curre	ent Registered Ag	jent		7. N	lame and Address of New Registered A	gent		
				Name					
1645	LEJO, SERGIO H. 5 LAKELAND HILLS BLVD ELAND FL 33805				Street Address (P.O. Box Number is Not Acceptable)				
	EEMAD I E 30000			City			Zip Code		
	<u></u>			J.,		<u> </u>		<u> </u>	
8. The above	e named entity submits this statemer	nt for the purpose of	of changing its regis	stered office or re	egistered ag	ent, or both, in the State of Florida.			
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SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable	. (NOTE: Regi	istered Agent signature	required when re	einstating) DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		Aft	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.0 Make Check Payable to Department of \$50.00		0.00	Election Campaign Financing Trust Fund Contribution.		O May Be to Fees	
11.		_		p					
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND FIRST OR PRINTED NAME OF SIGNING OFFICER OR PRINCEDOR

3-19-01

(863) 688-05/2

Caytime Phon

FILED Mar 21, 2001 8:00 am Secretary of State

03-21-2001 90001 026 ***150.00

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