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

DOCUMENT # 520038 ,



FILED Apr 14, 2004 8:00 am Secretary of State 04-14-2004 90029 007 ***150.00

JOSEPH LAX AKERMAN, P.A.								
	DO NOT WRITE	IN THIS	SPACE					
2. Principal Place of Business		3. Mailing Address		<u></u>		5403	3349	
220 N. WASHINGTON AVE.		220 N. WASHINGTON AVE.		E.				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SPA	CE	
APOPKA FL 32703 City & State		APOPKA FL 32703 City & State			CCI N		70 115	~
City & State		City & State			4. FEI Number Applied For S9 = 1 7 3 1 6 2 4 Not Applicat			-
Zip	Country	Zip	Country	" "	Certificate of Status Desired		.75 Additional Required	
	<u> </u>	<u> </u>		7. Na	ame and Address of Current R			4
		1 A A	Name					1
	==DONOT=W	RITE	AK CHARLA	ERMAN	J-JOSEPH-L.			
			Street Ac	idress (P.O. E	Box Number is Not Acceptable)			
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			City	<u> </u>	WASHINGTON AVE		Zip Code	-
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	named entity submits this statement for tions of registered agent.	the purpose of changing	g its registered office or	registered ag	gent, or both, in the State of Flori	da. I am famili	ar with, and accept	1
uio obligat	nons of registered agent.	,						
SIGNATURE								
lai	Signature, typed or printed name of registered agent a nuary 1 - May 1 Fee is \$150.00	nd title if applicable.	(NOTE: Registered Agent signatur	re required when re	einstating)	DATE		-{
	After May 1, Fee is \$550.00				9. Election Campaign Finar		\$5.00 May Be	
Make Check	Amended UBR is \$61,25 Payable to Florida Department of	State			Trust Fund Contribution.		Added to Fees	
10.	OFFICERS AND	Order State Control		. 			100	-
TITLE	PD		TITLE			,, ,, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	(12/02)
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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: