

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90102 020 ***150.00



DOCUMENT # K87296

1. Entity Name
27 W. CHURCH STREET, INC.

Principal Place of Business
27 W. CHURCH ST.
ORLANDO FL 32801

Mailing Address
503 W. CENTRAL BLVD.
ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address
20 N. DIVISION AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
ORLANDO FL

Zip

Country

Zip
32801

Country

ORANGE

4. FEI Number **59-2960109**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

MULVANEY, KENNETH A
503 W CENTRAL BLVD
ORLANDO FL 32801

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
MULVANEY, KENNETH A
300 WEST AMERICA STREET
ORLANDO FL Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
20 N. DIVISION AVE.
ORLANDO FL 32801 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MULVANEY, BRIAN M
300 WEST AMERICA STREET
ORLANDO FL Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
20 N. DIVISION AVE.
ORLANDO FL 32801 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

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

10 JAN 03

Date

Daytime Phone #

CR2E034 (10/02)