


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90039 047 \*\*\*150.00

**DOCUMENT #** P01000032233

1. Entity Name  
CARSTEN & LADAN, P.A.



Principal Place of Business  
7033 STAPOINT CT STE G  
WINTER PK FL 32792

Mailing Address  
7033 STAPOINT CT STE G  
WINTER PK FL 32792

2. Principal Place of Business  
**7033 STAPOINT COURT**  
Suite, Apt. #, etc.  
**G**

3. Mailing Address  
**P.O. BOX 5905**  
Suite, Apt. #, etc.

City & State  
**WINTER PARK, FL**

City & State  
**WINTER PARK, FL**

Zip  
**32792**

Country  
**USA**

Zip  
**32793**

Country  
**USA**

**22004303**



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3712982** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**LADAN, AMIR A**  
**7033 STAPOINT CT STE G**  
**WINTER PK FL 32792**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_

**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	<b>D</b> <b>LADAN, AMIR A</b> <b>7033 STAPOINT CT STE G</b> <b>WINTER PK FL 32792</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CARSTEN, KEITH</b> <b>7033 STAPOINT CT STE G</b> <b>WINTER PK FL 32792</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **2/5/03** **407-657-1535**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **KEITH A. CARSTEN** Date Daytime Phone #

CR2E034 (10/02)