

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 05, 2001 8:00 am
Secretary of State

05-02-2001 90190 036 ***150.00
04-05-2001 90040 045 ***150.00

DOCUMENT # P93000060434

1. Entity Name

VESTAL & WILER, C.P.A.'S, P.A.

Principal Place of Business

Mailing Address

201 EAST PINE STREET
STE 801
ORLANDO FL 32801
US

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STE 801
ORLANDO FL 32801
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3198021**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUMPHRIES, J. GREGORY
20 NORTH ORANGE AVE
SUITE 1000
ORLANDO FL 32801

Name **Terrence J. Wiler**

Street Address (P.O. Box Number, Not Applicable)

Vestal & Wiler
201 E Pine St., Suite 801

City **Orlando** FL **32801**

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.

SIGNATURE 

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/31/01

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	WILER, TERRENCE J	1410 KELSO BLVD.	WINDERMERE FL	<input type="checkbox"/>
V	RIDER, CHRISTOPHER D.	2001 CAROLINA AVENUE	GOTHA FL	<input type="checkbox"/>
V	O'TOOLE, TIMOTHY J.	498 TIMBER RIDGE DR	LONGWOOD FL	<input type="checkbox"/>
Sec + Treas	Blais, Jacques	836 Grovesmere Loop	DODDGE, FL 34761	<input type="checkbox"/>
VP	Catherine L. Smith	1522 WYNGATE DRIVE	ORLANDO, FL 32724	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: 

Signature, typed or printed name of signing officer or director

4/2/01 4078424433

Date (Use the reverse side)

CR2E034 (10/00)