

FILED
Feb 07, 2002 8:00 am
Secretary of State

LUIS B. GARCIA H.V

DOCUMENT #

P99000054435

1. Entity Name

KATHRYN V. ROSS, C.P.A., P.A.

Principal Place of Business

1177 LOUISIANA AVE., STE. 101
WINTER PARK FL 32789

Mailing Address

1177 LOUISIANA AVE., STE. 101
WINTER PARK FL 32789

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3581419

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSS, KATHRYN V
1177 LOUISIANA AVE., STE. 101
WINTER PARK FL 32789

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE

D

☐ Delete

NAME

ROSS, KATHRYN V

STREET ADDRESS

1177 LOUISIANA AVE., STE. 101

CITY - ST - ZIP

WINTER PARK FL 32789

TITLE

☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ Delete

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STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

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NAME

STREET ADDRESS

CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

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TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

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:

KATHRYN V. ROSS, C.P.A., P.A.

1-3-02

407-645-3257