**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

JAMES A FESLER, M.D., P.A  01-14-2002 90023 010 ***150.00  11 Service planter of Buliners  819 SWOY CROLE  11T R 2569  11T R 2	DOCUMENT # 464490  1. Entity Name					Jan 14, 2002 8:00 am Secretary of State		
SINE SANOY CROLE  LITT R. 33549  2. Principles Plazar of Bourness  SILE AND R. C.							•	
Size Applied For Microsoft State On Sure April 1920   Sure April 1920   Sure April 2020   Sure April 2	6119 SAVOY	CIRCLE	6119 SAVOY CIRCLE		1 788111 GIBIR GIFII GIBIF BIR7F H		<b>01811 0181</b> 2 10 <b>8</b> 1	
City & State  Ci	11401 MINARet Dr.					( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	-	
Septimode   Sept						4 FELNumber	Ι ΙΔ	applied For
6. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. The Subvoy Circle  LUTZ FI. 33549  City CAMP & FL Zip Cope  6. The above named entity submits this statement for the purpose of changing its registered or office or registered agent, or both, in the State of Florida.  8. This corporation is eligible to startly its Internapible  8. This corporation is eligible to startly its Internapible  8. This corporation is eligible to startly its Internapible  8. This corporation is eligible to startly its Internapible  8. This corporation is eligible to startly its Internapible  8. This corporation is eligible to startly its Internapible  8. This corporation is eligible to startly its Internapible  8. This corporation is eligible to startly its Internapible  8. This corporation is eligible to startly its Internapible  8. This corporation is eligible to startly its Internapible  8. This corporation is eligible to startly its Internapible  8. This corporation is eligible to startly its Internation  9. This corporation is eligible to startly its Internapible  8. This corporation is eligible to startly its Internation is eligible to startly its Internation  9. This corporation is eligible to startly its Internation  9. This corporation is eligible to startly its Internation	Taupa, Tu				59-1555218	- \$8.75 As	lot Applicable	
FESLER, JAMES A 6119 SAVOY CIRCLE LUTZ FL 33549  City Tame above named entity submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida.  Sitina above named entity submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida.  Sitina above named entity submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida.  Sitina above named entity submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida.  Sitina above named entity submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida.  Sitina above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  Sitina above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  Sitina above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  Sitina above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  Sitina above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  Sitina above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  Sitina above named entity submits this statement for the purpose of changing its named and the statement of sta	33b	6. Name and Address of Current R	egistered Agent				Fee Requir	ed
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.  SPENATURE  Speaker, typed or overed server degree and stee I applicable  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 \$15.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TILL  NAME  FESUR, JAMES A. (M.D.)  8119 SAVOY CRICLE  UIT FI. 33549  Delete  TILE  SIRET ADDRESS  CITY-51-2P  TILE  UIT FI. 33549  Delete  TILE  SIRET ADDRESS  CITY-51-2P  TILE  SIRET ADDR	6119 SAV	OY CIRCLE	~.	St	Street Address (P.O. Box Number is Not Acceptable)			
Tax filing requirement and elects to do so.    Make Check Payable to Department of State   10. Election Campaign Handring   Sh.00 May Be Added to Fees   12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.				s registered or	ffice or register	red agent, or both, in the State of Fl	orida.	242
PD   Delete   TITLE   PD   Delete   TITLE   TAME	Tax filing requirement and elects to do so After May 1, 2002			002 Fee will	be \$550.00	Trust Fund Contribution		
Delete   TITLE   SANDY CIRCLE   SANDRA   STREET ADDRESS	TITLE NAME STREET ADDRESS	PD FESLER, JAMES A. (M.D.) 6119 SAVOY CIRCLE		TITLE NAME STREET AD			<b>☐</b> Change	
TILE	NAME Street address	S FESLER, L. SANDRA 6119 SAVOY CIRCLE	□ Delete	NAME STREET AD	1		aret Dr L 33626	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	6119 SAVOY CIRCLE	☐ Delete	NAME STREET AD	- 1	· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE    Delete   TITLE   Change   Addition   NAME STREET ADDRESS CITY-ST-ZIP  TITLE   Delete   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.   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: Sample   Sam	NAME Street address		☐ Delete	NAME STREET AD		1 /	☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP  13. I hereby certify that the information supplied with this filling 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: Samura Esten 50 2 813-814-442	NAME STREET ADDRESS		☐ Delete	name Street ad	- 1		☐ Change	☐ Addition
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