

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 530350

1. Entity Name

E. ROGER ALILIN, M. D., P. A.

FILED
Aug 25, 2002 8:00 am
Secretary of State

08-25-2002 90195 026 ***550.00

001580 AV

Principal Place of Business

7221 ALOMA AVENUE
SUITE 400-B
WINTER PARK FL 32792-4137

Mailing Address

7221 ALOMA AVENUE
SUITE 400-B
WINTER PARK FL 32792-4137

00101010



DO NOT WRITE IN THIS SPACE

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 59-1709690

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALILIN, E. ROGER
7221 ALOMA AVE
SUITE 400-B
WINTER PARK FL 32792-4137

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

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)

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FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME ALILIN, E. ROGER
STREET ADDRESS 7221 ALOMA AVENUE
CITY-ST-ZIP WINTER PARK FL

☐ Delete

TITLE
NAME
STREET ADDRESS
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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

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SIGNATURE REQUIRED

Pres.

19/July/2002

407-657-2111

CR2E034 (4/02)