2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 600903 1. Entity Name GEORGE A NEDER JR M D P A							Jan 30, 2002 8:00 am Secretary of State 01-30-2002 90113 046 ***150.00			
Principal Place of Business 63 W UNDERWOOD STREET ORLANDO FL 32806			Mailing Address 63 W UNDERWOOD STREET ORLANDO FL 32806				I INDIOR BEHE DUNI DANA INI RABUA UNI	OZA BOJOTA DVOJA GADOT	F1F11 8 1811 (88)	
2. Principal F	Place of Busi	ness	3. Mailing Address			_				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			-	DO NOT WRITE IN THIS SPACE			
City & State			City & State			4. F	FEI Number 59-1237378	⊢+ -`	oplied For	
Zip	····	Country	Zip	Zip Country		5. (Certificate of Status Desired	\$8.75 Ad		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
			<u> </u>		Name		, ,			
NEDER JR,GEORGE A 63 N UNDERWOOD STREET				Ì	Street Addr	dress (P.O. Box Number is Not Acceptable)				
ORLANDO FL 32806										
					City FL Zip Code					
SIGNATURE 7. 9. This corporate fax filing r	Signature typed	or printed name of registered agent ar ible to satisfy its Intangible and elects to do so.	FILE NOW!	:: Registered	Agent signature re	equired when rei	ent, or both, in the State of Florida. Instating) DAT 10. Election Campaign Financing Trust Fund Contribution.	\$5.0	0 May Be	
	ila Oli back)		Make Check Payab	<u> </u>	partment of		<u> </u>			
II.	OFFICERS AND DIRECTORS PTD Delete			12.		ADI	DITIONS/CHANGES TO OFFICERS A			
NAME STREET ADDRESS	NEDER JI 63 W UNI	r,george a Derwood Street) Fl 32806	□ Delete		T ADDRESS ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP	VSD NEDER JA 63 W UNI ORLANDO	□ Delete		T ADDRESS ST-ZIP			☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS SITY-ST-ZIP			□ Delete	TITLE NAME STREE CITY-	T ADDRESS			☐ Change	Addition	
itle Iame Itreet address Ity-st-zip			☐ Delete	TITLE NAME STREE CITY-1	T ADDRESS ST-ZIP			☐ Change	☐ Addition	
ITLE IAME TREET ADDRESS EITY-ST-ZIP			☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS		1911	☐ Change	☐ Addition	
ITLE IAME TREET ADDRESS			☐ Delete	TITLE	ADDRESS		3770	☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #