

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90202 031 \*\*\*150.00

**DOCUMENT # H15838**

1. Entity Name  
**MCDIRMIT, DAVIS, PUCKETT & COMPANY, P.A.**

Principal Place of Business <b>605 E ROBINSON ST          635          ORLAND FL 32801          US</b>	Mailing Address <b>605 E ROBINSON ST          635          ORLANDO FL 32801-2062          US</b>
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**043003**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number <b>59-2427358</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**DAVIS, EUGENE ROBERT  
 605 E ROBINSON ST  
 STE 635  
 ORLANDO FL 32801**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	<b>D</b> <b>MCDIRMIT, ELDEN G.</b> <b>2871 MARSALA COURT</b> <b>ORLANDO FL 32801</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>DAVIS, EUGENE ROBERT</b> <b>110 COVE COLONY RD.</b> <b>MAITLAND FL 32751</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>D</b> <b>LAUTERIA, LOUIS H.</b> <b>746 TERRACE BLVD.</b> <b>ORLANDO FL</b> <input checked="" type="checkbox"/> Delete</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><input type="checkbox"/> Change <input type="checkbox"/> Addition</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PUCKETT, CHARLES W</b> <b>1345 PLACE PICARDY</b> <b>WINTER PARK FL 32789</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: EUGENE R. DAVIS 11/10/00 407-843-5406  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (9/99)