

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # J08706**

1. Entity Name

CAIN & EWALD, P.A.**FILED**
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90026 050 ***150.00

006214

Principal Place of Business

200 E. ROBINSON STREET, SUITE 1140
P. O. BOX 2711
ORLANDO FL 32802

Mailing Address

200 E. ROBINSON STREET, SUITE 1140
P. O. BOX 2711
ORLANDO FL 32802**00031401**

2. Principal Place of Business

3751 MAGUIRE BLVD.

3. Mailing Address

3751 MAGUIRE BLVD.

Suite, Apt. #, etc.

SUITE 221

Suite, Apt. #, etc.

SUITE 221

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32803

Country

ORANGE

Zip

32803

Country

ORANGE

4. FEI Number

59-2659425

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

CAIN, JOHN M.
200 E. ROBINSON STREET, SUITE 1140
ORLANDO FL 32801

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees.

11. OFFICERS AND DIRECTORS

TITLE **V** ☐ Delete
NAME **CAIN, JOHN M.**
STREET ADDRESS **200 E. ROBINSON ST.**
CITY-ST-ZIP **ORLANDO FL**TITLE **PTS** ☐ Delete
NAME **CAIN, JOHN M**
STREET ADDRESS **200 E. ROBINSON ST.**
CITY-ST-ZIP **ORLANDO FL 32801**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3751 MAGUIRE BLVD, SUITE 221**
CITY-ST-ZIP **ORLANDO, FL 32803**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3751 MAGUIRE BLVD, SUITE 221**
CITY-ST-ZIP **ORLANDO, FL 32803**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/01

Date

(407) 895-6373

Daytime Phone #

CR2E034 (10/00)