## **FILED**

2002 UNIFORM BUSINESS	REPORT	(UBR)
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J43325

**DOCUMENT #** 1. Entity Name

HAL UHRIG, P.A.

Principal Pla	ice of Busines	S	Mailing Address					
370 LAKE \$	EMINARY CR		370 LAKE SEMINARY CF	ł				
MAITLAND F	L 32751		MAITLAND FL 32751					
US			US			1 1881518 BIJU AJBOR DISOR ISDIĐ (1881 BIJU 1881	A BIBLI BIBLI BIBLI	
					Ì			
2. Principal	Place of Busin		3. Mailing Address			1   1894		EXECUTED IN CONTRACTOR
815 ORIENTA AVE								
Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			4. FEI Number Applied For					
ALTAMOUTE SO. 7L OILY & STATE				1 4.	59-2741781		Applied For lot Applicable	
Zip		Country	Zip	Country		Out Control of Obtain Bashada	\$8.75 Ac	
327	<i>150</i>	715			5.	Certificate of Status Desired	Fee Requir	
	6. Name	and Address of Current F	Registered Agent		7.	Name and Address of New Registered	1 Agent_	7
				Name				
uhrig, i				Street Addre	ess (P.O. I	Box Number is Not Acceptable)		
	e seminar							
MAITLAN	ID FL 32751							
				City		F	Zip Coo	de
		<del></del>			•		<u> </u>	
8. The above	e named entity	y submits this statement for	the purpose of changing its	registered office or reg	istered ag	gent, or both, in the State of Florida.		
SIGNATURE		or printed name of registered agent ar	ad Attle of an afficiency	F. B 14				
	Signatore, typed	or printed harne or registered agent at	to title ir applicable. (NOT	E: Registered Agent signature re	quired when r	einstating) DATE		
		!! FEE IS \$150.00		10. Election Campaign Financing	ФE (	00		
		and elects to do so.	After May 1, 20	02 Fee will be \$550.0	DO			<b>00</b> May Be
	eria on back)		Make Check Payal	ole to Department of	State		— Adde	0 10 7 663
11.		OFFICERS AND D	DIRECTORS	12.	ΑC	DDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	RS IN 11
TITLE	PDTS		☐ Delete	TITLE			☐ Change	Addition
NAME	UHRIG, H			NAME				
STREET ADDRESS CITY-ST-ZIP	MAITLAND	SEMINARY CIRCLE		STREET ADDRESS				
	MAITLANL	) FL		CITY-ST-ZIP				
TITLE			☐ Delete	TITLE			Change	Addition
NAME STREET ADDRESS				NAME				1
CITY-ST-ZIP			•	STREET ADDRESS CITY-ST-ZIP				
TITLE NAME			☐ Delete	TITLE NAME	: <b>~</b>	and the second of the second of	☐ Change	Addition
STREET ADDRESS				STREET ADDRESS				[
CITY-ST-ZIP				CITY-ST-ZIP				
TITLE	<u> </u>		□ Delete	TITLE			☐ Change	Addition
NAME			- Delete	NAME			☐ Grange	Addition
STREET ADDRESS	1			STREET ADDRESS		•		[
CITY-ST-ZIP				CITY-ST-ZIP				
TITLE		17.	☐ Delete	TITLE			Change	Addition
NAME				NAME			change	
STREET ADDRESS				STREET ADDRESS				
CITY-ST-ZIP				CITY-ST-ZIP				
TITLE			☐ Delete	TITLE			☐ Change	☐ Addition
NAME				NAME			oango	
STREET ADDRESS				STREET ADDRESS				
CITY-ST-ZIP	1			CITY_ST_7IP				

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 fustee empreged to execute his 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 empressed.

SIGNATURÈ