

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90016 039 ***150.00

DOCUMENT # 549235
1. Entity Name
 Isler, Sombathy & Sombathy, P.A.

Principal Place of Business 434 Magnolia Ave. Panama City, FL 32401	Mailing Address P.O. Box 430 Panama City, FL 32402-0430
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A0071012

2. Principal Place of Business Suits, Apt. #, etc.	3. Mailing Address Suits, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Panama City, FL	City & State Panama City, FL	4. FEI Number 592908039	Applied For <input type="checkbox"/> Not Applicable
Zip 32401	Country USA	Zip 32402-0430	Country USA

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
		Name Robert S. Sombathy Street Address (P.O. Box Number is Not Acceptable) 434 Magnolia Avenue City Panama City FL Zip Code 32401

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] **Robert S. Sombathy** **5-10-01**
Signature, typed or printed name of registered agent and (file 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. **FILE NOW WITH FEES \$150.00 After MAY 1, 2001 Fee will be \$350.00 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 President STREET ADDRESS Charles S. Isler, III 434 Magnolia Avenue CITY-ST-ZIP Panama City, FL 32401	<input checked="" type="checkbox"/> Delete	TITLE NAME President STREET ADDRESS Robert S. Sombathy 434 Magnolia Avenue CITY-ST-ZIP Panama City, FL 32401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME Vice President Director STREET ADDRESS Julie Ann Sombathy 434 Magnolia Avenue CITY-ST-ZIP Panama City, FL 32401	<input checked="" type="checkbox"/> Delete	TITLE NAME Vice President, STREET ADDRESS Secretary, Treasurer, CITY-ST-ZIP Director Julie Ann Sombathy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME Treasurer, Secretary STREET ADDRESS Director CITY-ST-ZIP Robert S. Sombathy	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<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: [Signature] **Robert S. Sombathy, President** **5-10-01** **850-769-5532**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/00)