

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J83316

1. Entity Name

FELSING, RANKIN & CO., P.A.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90045 004 \*\*\*150.00

Principal Place of Business

1220 DOUGLAS AVENUE  
SUITE 207  
LONGWOOD FL 32779-5031  
US

Mailing Address

1220 DOUGLAS AVENUE  
SUITE 207  
LONGWOOD FL 32779-5014  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2823106

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FELSING, MARLYN D.  
1220 DOUGLAS AVENUE  
SUITE 207  
LONGWOOD FL 32779

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, 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	PD	<input type="checkbox"/> Delete
NAME	FELSING, MARLYN D.	
STREET ADDRESS	1220 DOUGLAS AVE. #207	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RANKIN, JUDY A.	
STREET ADDRESS	1220 DOUGLAS AVE. #207	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHOCOLA, SUSAN H.	
STREET ADDRESS	1220 DOUGLAS AVE. #207	
CITY-ST-ZIP	LONGWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Marlyn D. Felsing* Marlyn D. Felsing

Date

Daytime Phone #

3/31/00

(407) 869-4000

CR2E034 (9/99)