

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J93404

Entity Name

JAMES A. HARTMAN, P.A.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90216 044 \*\*\*150.00

Principal Place of Business

Mailing Address

Principal Place of Business

311 Orangewood Boulevard

Suite, Apt. #, etc.

3. Mailing Address

10311 Orangewood Boulevard

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando, Florida

City & State

Orlando, Florida

4. FEI Number

59-2858229

Applied For

Not Applicable

Zip

321

Country

USA

Zip

32821

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HARTMAN, JAMES A.  
205 S. EOLA DRIVE  
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

HARTMAN, JAMES A.

Street Address (P.O. Box Number is Not Acceptable)

10311 Orangewood Boulevard

City

Orlando,

FL

Zip Code

32821

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

April 14, 2000

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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

ADDRESS	ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
PST HARTMAN, JAMES A. 205 S. EOLA DRIVE ORLANDO FL 32801		<input type="checkbox"/> Delete				<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Delete				<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Delete				<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Delete				<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Delete				<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Delete				<input type="checkbox"/>	<input type="checkbox"/>

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

April 14, 2000 407-370-6454

Date

Daytime Phone #