

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L28866**

1. Entity Name

DECUBELLIS & MEEKS, P.A.

Principal Place of Business

C/O LILBURN R. RAILEY III
255 S ORANGE AVENUE. #801
ORLANDO FL 32801

Mailing Address

C/O LILBURN R. RAILEY III
255 S ORANGE AVENUE. #801
ORLANDO FL 32801-3452

2. Principal Place of Business

c/o Daniel L. DeCubellis

Suite, Apt. #, etc.

255 S. Orange Ave., #801

City & State

Orlando, FL

Zip

32801

Country

USA

3. Mailing Address

c/o Daniel L. DeCubellis

Suite, Apt. #, etc.

P.O. Box 4976

City & State

Orlando, FL

Zip

32802-4976

Country

USA

16. Name and Address of Current Registered Agent

**RAILEY, LILBURN R. III
255 SOUTH ORANGE AVENUE
SUITE 801
ORLANDO 32801**

4. FEI Number

59-2986719Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Daniel L. DeCubellis

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

255 S. Orange Ave., Suite 801

City

Orlando**FL**Zip Code
32801

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 reinstalling)

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**

TITLE	DVP	<input type="checkbox"/> Delete
NAME	WILLS, MARY M	
STREET ADDRESS	255 S ORANGE AVE, #801	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DPST	<input checked="" type="checkbox"/> Delete
NAME	RAILEY, LIBURN R. III	
STREET ADDRESS	255 S ORANGE AVE #801	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	DECUBELLIS, DANIEL L.	
STREET ADDRESS	255 S ORANGE AVE #801	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Meeks, Mary B.	
STREET ADDRESS	255 S. Orange Ave., #801	
CITY-ST-ZIP	Orlando, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D, P, S, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DeCubellis, Daniel L.	
STREET ADDRESS	255 S. Orange Ave., #801	
CITY-ST-ZIP	Orlando, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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CITY-ST-ZIP		
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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

Date

Daytime Phone #

FILED**Jan 31, 2000 8:00 am**
Secretary of State

01-31-2000 90106 021 ***150.00

J I I O O U



DO NOT WRITE IN THIS SPACE

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/2000**407-872-22**