

2002 UNIFORM BUSINESS REPORT (UBR)

0005463

DOCUMENT # N08312

1. Entity Name

**FLORIDA ASSOCIATION OF PROFESSIONAL PROCESS SERV
ERS, INC.**

APPROVED
AND
FILED

02 MAR 28 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

655 E. TENNESSEE ST.
TALLAHASSEE FL 32308
US

P.O. BOX 1777
TALLAHASSEE FL 32302

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2463953** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VAUSE, TODD
655 E. TENNESSEE ST.
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name

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

100005195521--8
-04/05/02--01052--002

City *******61.25 *****81.25**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAUSE, WILLIAM TODD 655 E. TENNESSEE ST. TALLAHASSEE FL 32308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIPPMAN, JACK 4030 POWERLINE RD. FORT LAUDERDALE FL 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZAWAKI, MARGIE 2831 RINGLING BLVD., #121-F SARASOTA FL 34237	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOWLEY, DENNY 1301 10TH STREET KEY WEST FL 33040	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEHR, STEVE 10636 N.W. 10TH ROAD GAINESVILLE FL 32608	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EAGLE, MICKEY 7611 S. ORANGE BLOSSOM TR., #324 ORLANDO FL 32809	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **3-20-02 850-656-2605**

CR2E037 (9/01)