

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000000446

1. Entity Name

BIGNEY & ORTH, P.A.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90040 040 ***150.00

752417



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1220 DOUGLAS AVE., SUITE 201 LONGWOOD FL 32779	Mailing Address 1220 DOUGLAS AVE., SUITE 201 LONGWOOD FL 32779
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-3015952	Applied for Not Applied for
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BIGNEY, JEANETTE D 925 STETSON STREET ORLANDO FL 32804

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Accepted) City 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 not a third party (DO NOT Register Agent signature required when re-registering)

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, 2001 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 NAME STREET ADDRESS CITY-STATE-ZIP	PO BIGNEY, DAVID R 1220 DOUGLAS AVE #201 LONGWOOD FL 32779 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PO ORTH, WILLIAM S 1220 DOUGLAS AVE #201 LONGWOOD FL 32779 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information 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, official or other like empowerment.

04/30/01 04:48

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William S. Orth

Date

4/24/01

Phone Number

407-772-7822

CR2L034 (10/00)