

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90469 026 \*\*\*150.00

DOCUMENT # P00000014583

1. Entity Name

EILEEN M. ABURY, P.A.

Principal Place of Business

91951 OVERSEAS HWY  
TAVERNIER FL 33070

Mailing Address

91951 OVERSEAS HWY  
TAVERNIER FL 33070

2. Principal Place of Business

85996 OVERSEAS HWY

Suite, Apt. #, etc.

3. Mailing Address

PO Box 9201

Suite, Apt. #, etc.

City &amp; State

ISLAMORADA, FL

City &amp; State

TAVERNIER, FL

Zip

33036

Country

Zip

33070

Country

4. FEI Number

65-0981749

Applied For

Not Applicable

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

ALBURY, EILEEN M

91951 OVERSEAS HWY

TAVERNIER FL 33070

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

EILEEN M. ALBURY, P.A.

4-2-2002

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, 2002 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-ST-ZIP ☐ DeleteD  
ALBURY, EILEEN M  
91951 OVERSEAS HWY  
TAVERNIER FL 33070TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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

EILEEN M. ALBURY, P.A.

Date

Daytime Phone #

CR2E034 (9/01)