

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90448 018 ***150.00

DOCUMENT # P00000020237

1. Entity Name

GREGORY A. ULMER, P.A.

Principal Place of Business

**120 VERA CRUZ DR., #827
PONTE VEDRA BEACH FL 32802**

Mailing Address

**120 VERA CRUZ DR., #827
PONTE VEDRA BEACH FL 32802**

2. Principal Place of Business

406 MISTY MORNING LAKE

3. Mailing Address

406 MISTY MORNING LAKE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST AUGUSTINE, FL

City & State

ST AUGUSTINE, FL

4. FEI Number

59-3628374

Applied For

Not Applicable

Zip

32080

Country

ST JAMES

Zip

32080

Country

ST. JAMES

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

**MILHAUSEN, JEFFREY P.
% MILLER, SOUTH & DI MASI, P.A.
2699 LEE ROAD, SUITE 120
WINTER PARK FL 32789**

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

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, 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 **D** ☐ Delete
NAME **ULMER, GREGORY A**
STREET ADDRESS **120 VERA CRUZ DR., #827**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32802**

TITLE **Gregory A Ulmer** ☒ Change ☐ Addition
NAME
STREET ADDRESS **406 MISTY MORNING LAKE**
CITY-ST-ZIP **ST. AUGUSTINE, FL 32080**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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

4/28/01
Date

(904) 460-8334
Daytime Phone #

CR2E034 (10/00)