

AMENDED
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 26, 2002 8:00 A.M.
Secretary of State

DOCUMENT # P00000024939

1. Entity Name

ACCIDENT & INJURY ATTORNEY HOTLINE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1216 EAST COLONIAL DR

3. Mailing Address

1216 EAST COLONIAL DR

Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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City & State

ORLANDO, FL.

City & State

ORLANDO, FL.

4. FEI Number

59-3666422

Applied For

Not Applicable

Zip

32803

Country

USA

Zip

32803

Country

USA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

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300007675303--4
-09/12/02--01008--018
*****70.00 *****70.00

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name HURCULES NGUYEN

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

825 EAGLE CLAW COURT

City LAKE MARY,

FL

Zip Code
32746

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 

HURCULES NGUYEN

08/21/2002

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

9. This corporation is eligible to satisfy its intangible,
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY- ST- ZIP
PD
HURCULES NGUYEN
825 EAGLE CLAW CT, LAKE MARY, FL 32746

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

08/21/2002

407-898-7979

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)