

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
 05-02-2002 90092 047 ***150.00

DOCUMENT # P00000034511

1. Entity Name

LAW OFFICES & ASSOCIATES OF CENTRAL FLORIDA P.A.

Principal Place of Business

6900 SILVER STAR ROAD, SUITE 206-A
 ORLANDO FL 32818

Mailing Address

6900 SILVER STAR ROAD, SUITE 206-A
 ORLANDO FL 32818

2. Principal Place of Business

1510 E COLONIAL DRIVE

3. Mailing Address

1510 E. COLONIAL DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 307

Suite 307

City & State

City & State

Orlando FL

Orlando FL

Zip

Country

Zip

Country

32803

32803

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NAGER

MAYER, BARRY R ESQ.

2571 N HIAWASEE ROAD

ORLANDO FL 32803

Name

NAGER, BARRY R ESQ

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

1510 E COLONIAL DRIVE

Suite 307

City

Orlando

FL

Zip Code

32803

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, 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	V	<input type="checkbox"/> Delete
NAME	KWOLEK, ASIA C	
STREET ADDRESS	6900 SILVER STAR ROAD, SUITE 206-A	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	P	<input type="checkbox"/> Delete
NAME	NAGER, BARRY R	
STREET ADDRESS	1510 E. COLONIAL DR.	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	ST	<input type="checkbox"/> Delete
NAME	NAGER, DELORES GRACE	
STREET ADDRESS	1510 E. COLONIAL DR.	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1510 E COLONIAL DRIVE SUITE 307
CITY-ST-ZIP	ORLANDO FL 32803
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1510 E COLONIAL DRIVE SUITE 307
CITY-ST-ZIP	ORLANDO FL 32803
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1510 E. COLONIAL DRIVE SUITE 307
CITY-ST-ZIP	ORLANDO FL 32803
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/02

407-578-2828

CR2E034 (9/01)