

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90107 016 ***150.00

05792659

DOCUMENT # P00000081206

1. Entity Name
DANIEL MEDINA, P.A.

Principal Place of Business
**4921 SOUTHFORK DR
 LAKELAND FL 33813**

Mailing Address
**4921 SOUTHFORK DR
 LAKELAND FL 33813**

2. Principal Place of Business
107 Morningside Drive

3. Mailing Address
P.O. Box 6272

Suite, Apt. #, etc.
Suite A

Suite, Apt. #, etc.

City & State
Lakeland, FL

City & State
Lakeland, FL

4. FEI Number
59-3666180

Applied For
 Not Applicable

Zip
33803

Country

Zip
33807

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MEDINA, DANIEL
~~4921 SOUTHFORK DR
 LAKELAND FL 33813~~**

Name

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

107 Morningside Drive, Suite A

City

Lakeland

FL

Zip Code

33803

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 **Daniel Medina**

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

(NOTE: Registered Agent signature required when reinstating)

4/24/01

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 Delete
 NAME **D**
MEDINA, DANIEL
 STREET ADDRESS **4921 SOUTHFORK DR**
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE Change Addition
 NAME
 STREET ADDRESS **107 Morningside Drive, Suite A**
 CITY-ST-ZIP **Lakeland, FL 33803**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
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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:

Daniel Medina

Daniel Medina

4/24/01 (863)682-9730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)