

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

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

05-21-2002 90880 049 \*\*\*158.75

DOCUMENT # P00000097642

1. Entity Name

Joseph F. Garcia P.A.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2901 Redwood National DR.

3. Mailing Address

P.O. Box 692282

Suite, Apt. #, etc.

Apt. 6703

Suite, Apt. #, etc.

0

City & State

Orlando Florida

City & State

Orlando FL

Zip

32837

Country

U.S.A.

Zip

32869

Country

U.S.A.

4. FEI Number

593704738

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Joseph F. Garcia PA

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

2901 Redwood National DR.

Apt. #6703

City

Orlando

FL

Zip Code

32837

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)



**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  
P/V/T/S/D/C/M  
Joseph F. Garcia P.A.  
2901 Redwood National DR. #6703  
Orlando, FL. 32837

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26/02 (407) 301-8818

Daytime Phone #

CR2E034B (12/01)