

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90018 022 \*\*\*150.00

**DOCUMENT # P00000113895**

1. Entity Name

PAUL M. DUMM, CPA, P.A.

Principal Place of Business

280 WEST CANTON AVENUE  
 SUITE 330  
 WINTER PARK FL 32789

Mailing Address

280 WEST CANTON AVENUE  
 SUITE 330  
 WINTER PARK FL 32789

2. Principal Place of Business

4262 Vixen Ct.

3. Mailing Address

4262 Vixen Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Oviedo FL

City & State

Oviedo FL

4. FEI Number

59-3685845

Applied For

Not Applicable

Zip

Country

32765

USA

Zip

Country

32765

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name PAUL M. DUMM

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

4262 Vixen Ct.

City Oviedo

FL

Zip Code 32765

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 Paul M. Dumm

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

(NOTE: Registered Agent signature required when reinstating)

4/20/02

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

TITLE PSTD  
 NAME DUMM, PAUL M  
 STREET ADDRESS 280 WEST CANTON AVENUE SUITE 330  
 CITY-ST-ZIP WINTER PARK FL 32789

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD  
 NAME Dumm, PAUL M  
 STREET ADDRESS 4262 Vixen Ct  
 CITY-ST-ZIP Oviedo FL 32765

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
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 CITY-ST-ZIP

☐ Change ☐ Addition

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 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Paul M. Dumm  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/02

Date

(407) 898-2727

Daytime Phone #

CR2E034 (9/01)