

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90137 040 ***150.00

0012873 AV

DOCUMENT # P00000117327

1. Entity Name
JOSEPH A. FREIN, P.A.



Principal Place of Business
**118 EAST JEFFERSON STREET
ORLANDO FL 32801**

Mailing Address
**118 EAST JEFFERSON STREET
ORLANDO FL 32801**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3704648		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
FREIN, JOSEPH A 118 EAST JEFFERSON STREET ORLANDO FL 32801		Name
		Street Address (P.O. Box Number is Not Acceptable)
		City
		FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREIN, JOSEPH A 118 EAST JEFFERSON STREET ORLANDO FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **9/4/03 407-649-9133**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

Attachment

80000017327

JOSEPH A. FREIN, P. A.

ATTORNEY AT LAW

118 EAST JEFFERSON STREET

ORLANDO, FLORIDA 32801

(407) 649-9133

FAX (407) 649-7812

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September 4, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

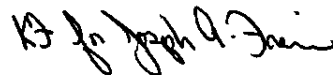
Re: Joseph A. Frein, P.A. - Filing of Annual Report; Document #P00000117327

Dear Sir or Madam:

Enclosed herewith please find my completed annual report for 2003, together with my payment in the amount of one hundred and fifty (\$150.00) dollars. Pursuant to your directions in your brochure under "Frequently Asked Questions", I am requesting that the late fee be waived and advising that I did not receive the prior notice with regard to the filing of the annual report.

Thank you for your courtesy and cooperation in regard to this matter.

Cordially,



Joseph A. Frein

JAF/kf

Enclosure