

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000000207

1. Entity Name
JOSEPH E. BALDASANO, P.A.

Principal Place of Business Mailing Address
PO BOX 2144 PO BOX 2144
WINDERMERE FL 34786 WINDERMERE FL 34786

2. Principal Place of Business 3. Mailing Address
P.O. Box 953543 P.O. Box 953543
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Lake Mary, FL Lake Mary, FL
Zip Country Zip Country
32795 Seminole 32795 Seminole

6. Name and Address of Current Registered Agent
BALDASANO, JOSEPH E.
2812 ROBERT TREAT JONES DR STE 713
ORLANDO FL 32835

7. Name and Address of New Registered Agent
Name J. Baldasano
Street Address (P.O. Box Number is Not Acceptable)
315 Best Way Lane
City Lake Mary FL Zip Code 32795

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 President
NAME Joseph Baldasano
STREET ADDRESS 2812 Robert Treat Jones Drive Suite 713
CITY-ST-ZIP Orlando, FL 32835

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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 9-25-01 (407) 699-3155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Designated Phone #

APPROVED AND FILED

01 OCT 22 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

0114061 AT

CR2E034 (5/01)

9-11-01

Please be advised as of this date I still did not receive my 2001 Uniform business Report. I phoned and spoke to e marris who advised me to attach this letter with my \$150.00 check.

Thank you,

JOE Ballasano

Joe Ball