## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jul 25, 2003 8:00 am Secretary of State 07-10-2003 90113 008 \*\*\*150.00

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1. Entity Nar		F PUTU( KLINKBEIL, P.A.		7149	67°							
Principal Place of Business 320 N. MAGNOUA AVE STE B-8 ORLANDO FL 32801				Mailing Address 320 N. MAGMOLIA AVE STE 8-8 ORLANDO FL 32801				55052213				
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				CHECK HERE IF	MAKING	CHANGES	3	
City & State			City	City & State			1 50-460940A F-1			applied For lot Applicable	-	
Zip	Zip Country		Zip	Zip		Country		Certificate of Status Desired		\$8.75 Ac	ditional	
6. Name and Address of Current				ed Agent	7. Name and Address of New Registered Agent						]	
CONAN, MARK 320 N. MAGNOLIA AVE., SUITE A-8 ORLANDO FL 32801						Street Address (P.O. Box Number is Not Acceptable)						
					City			FL	Zip Cod	e st	1	
8. The above	e named entity :	submits this statement	for the purp	ose of changing its	register	ed office or registers	ed age	ent, or both, in the State of Florid		miliar with	, and accept	1
SIGNATURE	8					<u></u>			<u></u>	. <u></u>		
<u>.</u>	Signature, typed or	printed name of registered ager	N and title if app	NOTE	E- Registere	d Agent signature required	When re	instaling)	DATE			
After Se	ptember 10, 2	FEE IS \$550.00 2003 Fee will be \$75 Florida Department						Election Campaign Finar     Trust Fund Contribution,	cing		00 May Be d to Fees	
10.	15	OFFICERS ANI	DIRECTO		11.	— т	ADI	DITIONS/CHANGES TO OFFICE	RS AND		IS IN 11	]_
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NTLE NAME STREET ADCRESS CITY-ST-ZIP	V Adams, Ric 320 N. Mag Orlando F	NOLIA STE B-8		Delete						☐ Change	☐ Addition	) è
NAME STREET ADDRESS CITY-ST-ZIP	KUNKBEIL,	WAYNE Nolia Ste B-8		Delete: >		· • • • • • • • • • • • • • • • • • • •	-		<u>.</u>	Change	Addition	
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FITLE NAME STREET ADDRESS CITY-ST-ZEP				☐ Delete		1			[	Change	☐ Addition	\
12. I hereby of indicated of the cor changed,	certify that the in on this report of poration or the or on an attack	nformation supplied with or supplemental report in receiver of trustee emp amen with an address,	h this filing s true and a owered to with all oth	does not qualify for accurate and that mexecute this report a er fike empowered.	the exer y signat as requir	nption stated in Secure shall have the seed by Chapter 607.	tion 1 ame le Florida	19.07(3)(i), Florida Statutes. I fur gal effect as if made under oath a Statutes; and that my name ap	ther certif that I am opears in t	y that the ir an officer Block 10 or	formation or director Block 11 if	

SIGNATURE: XUGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

attachment

## LAW OFFICES OF ADAMS & CONAN, P.A.

55002213 ++701000007149

320 N. Magnolia Avenue Suite B-8 Orlando, FL 32801 Telephone (407) 872-0303 Facsimile (407) 872-0331

July 22, 2003

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Adams, Conan & Klinkbeil, P.A.
Reference # P01000007149

Dear Sir or Madam:

Pursuant to our telephone conversation, I am writing a second letter to the Division of Corporations regarding the Uniform Business Report. As previously stated, we did not receive notice of the fee prior our mailing of the \$150.00 within the last 30 days with a letter asking the late fee to be waived due to lack of notice. I was informed by a customer service representative that the letters where being separated from the annual report and I should re-submit my request to have the late fee waived. Thank you for your time and attention on this matter.

Sincerely,

Richard Adams, Esq.

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