

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000009614

1. Entity Name
JORGE MAXIMO RODRIGUEZ, PA



FILED
Jul 11, 2003 8:00 am
Secretary of State

07-11-2003 90045 017 ***150.00

0008160
AV

Principal Place of Business
961 BLACKWOOD ST.
ALTAMONTE SPRINGS FL 32701

Mailing Address
961 BLACKWOOD ST.
ALTAMONTE SPRINGS FL 32701



2. Principal Place of Business
1100 North St.
Suite, Apt. #, etc.

3. Mailing Address
1100 North St.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Langwood, FL
Zip 32750 Country USA

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Langwood, FL
Zip 32750 Country USA

4. FEI Number 59-3693249

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, JORGE
961 BLACKWOOD ST.
ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent

Name Jorje Rodriguez
Street Address (P.O. Box Number is Not Acceptable)
1100 North St.
City Langwood FL Zip Code 32750

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

(NOTE: Registered Agent signature required when reinstating)

7/7/03
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, JORGE	
STREET ADDRESS	961 BLACKWOOD ST.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, PABLO J	
STREET ADDRESS	961 BLACKWOOD ST.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jorje Rodriguez	
STREET ADDRESS	1100 North St.	
CITY-ST-ZIP	Langwood, FL 32750	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pablo J. Rodriguez	
STREET ADDRESS	1100 North St.	
CITY-ST-ZIP	Langwood, FL 32750	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Jorje Rodriguez* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/03 (407) 491-8425
Date Daytime Phone #

CR2E034 (4/03)