

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0102648 AV

DOCUMENT # P01000020678

1. Entity Name  
THE LAW FIRM FOR ESTATE PLANNING AND ELDER AFFAIRS, P.A.



FILED

03 DEC -2 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
7800 113TH ST. N., STE. 201  
SEMINOLE FL 33772

Mailing Address  
7800 113TH ST. N., STE. 201  
SEMINOLE FL 33772



2. Principal Place of Business  
5736 Central Ave.  
Suite, Apt. #, etc.

3. Mailing Address  
5736 Central Ave.  
Suite, Apt. #, etc.

**REINSTATEMENT** 03  
☐ CHECK HERE IF MAKING CHANGES

City & State  
St. Petersburg, FL  
Zip 33707 Country USA

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St. Petersburg, FL  
Zip 33707 Country USA

4. FEI Number 59-3699392  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAISER, GREGORY A  
7800 113TH ST. N., STE. 201  
SEMINOLE FL 33772

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
900025156759  
12/02/03--01028--024 \*\*750.00  
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>KAISER, GREGORY A<br>7800 113TH ST N STE 201<br>SEMINOLE FL 33772 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(727) 381-6555  
Daytime Phone #

CR2E034 (4/03)