

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
Mar 26, 2002 8:00 am
Secretary of State**

03-26-2002 90011 014 ***150.00

DOCUMENT # PO1000024199
1. Entity Name ALICE SULZER PA ✓

80050358

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1315 Tusawilla Rd
Suite, Apt. #, etc.

3. Mailing Address 5653 MAGNOLIA BLOOM TERR
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State WINTER Spring
City & State OVIEDO

Zip FL 32708 Country USA
Zip FL 32765 Country USA

4. FEI Number Applied For Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ALICE SULZER

Street Address (P.O. Box Number is Not Acceptable) 5653 Magnolia Bloom Terrace

City OVIEDO FL Zip Code 32765

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 <u>P</u>	NAME <u>Alice Sulzer</u>	TITLE <u>PA</u>	
STREET ADDRESS <u>5653 Magnolia Bloom Terr</u>	STREET ADDRESS <u>Oviedo, FL 32765</u>	STREET ADDRESS	
CITY-ST-ZIP <u>Oviedo, FL 32765</u>	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE <u>VP</u>	NAME <u>Robert Sulzer</u>	TITLE	
STREET ADDRESS <u>5653 Magnolia Bloom Terr</u>	STREET ADDRESS <u>Oviedo, FL 32765</u>	STREET ADDRESS	
CITY-ST-ZIP <u>Oviedo, FL 32765</u>	CITY-ST-ZIP	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 on an attachment with an address, with all other like empowered.

SIGNATURE: Alice L. Sulzer Mar 10, 2002 407-920-7723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)