

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90041 041 ***150.00

0082019 AV

DOCUMENT # P01000086786

1. Entity Name
MARILYN USHER P.A.

Principal Place of Business

Mailing Address

113 W CHAPMAN RD
 OVIEDO FL 32765

113 W CHAPMAN RD
 OVIEDO FL 32765

80039010



2. Principal Place of Business

3. Mailing Address

3382 Mission Bay Blvd
 Suite, Apt. #, etc. **Apt #167**

3382 Mission Bay Blvd
 Suite, Apt. #, etc. **Apt #167**

DO NOT WRITE IN THIS SPACE

City & State
Orlando

City & State
Orlando

4. FEI Number

90-0008911

Applied For
☒ Not Applicable

Zip

FL 32817

Zip

FL 32817

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

USHER, MARILYN
3382 MISSION BAY BLVD, APT 167
ORLANDO FL 32817

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

Marilyn Usher

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-02-02

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
USHER, MARILYN
3382 MISSION BAY BLVD, #167
ORLANDO FL 32817

☐ Delete

TITLE
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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:

Marilyn Usher
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-02

Date

407-671-6612

Daytime Phone #

CR2E034 (9/01)