

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

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91196 038 ***150.00

DOCUMENT # PO1000100049 ✓

1. Entity Name
Luhrsen & Associates, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
200 S. Washington Blvd

3. Mailing Address
SAME

Suite, Apt. #, etc.
2

Suite, Apt. #, etc.
SAME

DO NOT WRITE IN THIS SPACE

City & State
Sarasota, Florida

City & State
SAME

4. FEI Number
US-1143911

Applied For
☐ Not Applicable

Zip
34236

Country
USA

Zip
SAME

Country

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
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Days Street

City
Tallahassee

FL

Zip Code
32301-3525

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

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
D/P/T
NAME
Luhrsen, Jeffrey A.
STREET ADDRESS
200 S. Washington Blvd Suite 2
CITY-ST-ZIP
Sarasota, FL 34236

TITLE
D/S
NAME
Luhrsen, Julie S.
STREET ADDRESS
200 S. Washington Blvd Suite 2
CITY-ST-ZIP
Sarasota, FL 34236

TITLE
D/VP
NAME
Currie, Frank S.
STREET ADDRESS
200 S. Washington Blvd Suite 2
CITY-ST-ZIP
Sarasota, FL 34236

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)