2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000013067 DOCUMENT

1. Entity Name

ROBERT EDWARD FENSTER, P.A.



FILED Mar 10, 2003 8:00 am Secretary of State

03-10-2003 90761 003 ***150.00

CITY-ST-ZIP				S. T. S.	7			
Sulfe, Apt. 4, etc. City & State City & St	2909 WEST STATE ROAD 434, SUITE 121/131 2909 V		2909 WEST STATE ROA	D 434. SUITE 121/131) 128(188) (1) 28(18) (10) 28(1) 81(1) 81(1) 81(1) 81(1) 81(1)	I IJEGO ATRALOGRA	1 1 8418 1 11 8 1 11 1	
City & State Country B. Country B. Country Country City FENSTER, ROBERT E 2009 WEST STATE ROAD 434, SUITE 121/131 LONGWOOD FL 32779 City FL Zip Code City C	2. Principal Place of Business		3. Mailing Address					
Zip Country Zip Country S. Certificate of Status Desired 58.75 Additional Fee Required 58.	Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
Since Address of Country	City & State		City & State		4. FEI Number 43 - 1949 8 4 Applied For			
Section Sect	Zip	Country	Zip	Country		\$8.75 Ac	dditional	
FENSTER, ROBERT E 2909 WEST STATE ROAD 434, SUITE 121/131 LONGWOOD FL 32779 City City FL Zip Code FL Zip Code City FL Zip Code FL Zip Code FL Zip Code FL Zip Code City FL Zip Code FL Zip		6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered	,	·	
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		, -	a a si ili dimensi sasara a di ili a ili a ili	Name			-	
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE	·			Street Address	s (P.O. Box Number is Not Acceptable)			
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE	LONGWO	OD FL 32779		ŀ		-		
SIGNATURE Signature Signa				'		. `		
FILE NOW!!! FEE IS \$150.00 Atter May 1, 2003, Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	ine obliga	tions or registered agent.				familiar with	, and accept	
After May 1, 2003 Fee will be \$550.00 May Be Madded to Faste		signatore, typed of printed frame of registered agent	r and title if applicable. (NOI	LE: Registered Agent signature require	ed when reinstating) DATE		ì	
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	12. Thereby o	ertify that the information supplied with	this filing does not qualify for		140.07(0)(1)			

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 changed, or on an attachment with an accurate another like empowered.

SIGNATURE: