

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90122 040 \*\*\*150.00

**DOCUMENT # P02000014484**

1. Entity Name  
**LAW OFFICE OF TONY C. FRANCIS, P.A.**



Principal Place of Business  
**5401 S. KIRKMAN ROAD  
SUITE 310  
ORLANDO FL 32819**

Mailing Address  
**POST OFFICE BOX 771243  
ORLANDO FL 32877-1243**

**55051472**

2. Principal Place of Business

**P.O. Box 771243**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**ORLANDO FL**

City & State

Zip Country

**32877 USA**

4. FEI Number

**01-0610886**

Applied For

Not Applicable

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

**FRANCIS, TONY C  
5401 S. KIRKMAN ROAD  
SUITE 310  
ORLANDO FL 32819**

Name

**FRANCIS, TONY C**

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

**5728 MAJOR BLVD STE. 274**

City

**ORLANDO**

FL

Zip Code

**32819**

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)

**4/21/03**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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

TITLE **P** FRANCIS, TONY ☐ Delete  
NAME  
STREET ADDRESS **5401 S. KIRKMAN ROAD #310**  
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** FRANCIS, TONY ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **P O BOX 771243**  
CITY-ST-ZIP **ORLANDO FL 32877-1243**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**4/21/03**

Date

**407 894-9494**

Daytime Phone #

CP2E034 (10/02)