

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90758 031 ***150.00

007345 AV

DOCUMENT # P02000097314

1. Entity Name
DR. EDWARD C. SHEPLAN, P.A.



Principal Place of Business
**110 LAKE DESTINY TRAIL
ALTAMONTE SPRINGS FL 32701**

Mailing Address
**110 LAKE DESTINY TRAIL
ALTAMONTE SPRINGS FL 32701**



2. Principal Place of Business
3653 ORLANDO DR.
Suite, Apt. #, etc.

3. Mailing Address
3653 ORLANDO DRIVE
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
SANFORD, FLA
Zip
32773 Country
SEMINOLE

City & State
SANFORD, FLA
Zip
32773 Country
SEMINOLE

4. FEI Number
113652521 Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SHEPLAN, EDWARD C DR
110 LAKE DESTINY TRAIL
ALTAMONTE SPRINGS FL 32701**

7. Name and Address of New Registered Agent

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. 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) 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SHEPLAN, EDWARD C DR**
STREET ADDRESS **110 LAKE DESTINY TRAIL**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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:

EDWARD C. SHEPLAN 4/2/03 407-328-9696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)