

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90149 024 \*\*\*158.75

0000291 AT

**DOCUMENT # P02000127563**

1. Entity Name

ZUSPAN, MCAULEY & ASSOCIATES, INC.



Principal Place of Business

1210 MILLENNIUM PKWY  
BRANDON FL 33511

Mailing Address

1210 MILLENNIUM PKWY  
BRANDON FL 33511

11012677



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

#2030

Suite, Apt. #, etc.

#2030

City & State

City & State

Zip

Country

USA

Zip

Country

USA

4. FEI Number

81-0584727

Applied For

Not Applicable

5. Certificate of Status Desired

X

**\$8.75 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

COPELAND, W. THOMAS  
208 S RANGE ST  
MADISON FL 32340

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

TITLE ☐ Delete  
NAME DP  
STREET ADDRESS MCAULEY, PAMELA  
CITY-ST-ZIP 8425 RIVERVIEW DR  
RIVERVIEW FL 33569

TITLE ☐ Delete  
NAME DV  
STREET ADDRESS ZUSPAN, ALICIA R  
CITY-ST-ZIP 5633 GASPAR OAKS DR  
TAMPA FL 33611

TITLE ☐ Delete  
NAME DT  
STREET ADDRESS ZUSPAN, JOSHUA  
CITY-ST-ZIP 5633 GASPAR OAKS DR  
TAMPA FL 33611

TITLE ☐ Delete  
NAME DS  
STREET ADDRESS MCAULEY, DAVID  
CITY-ST-ZIP 8425 RIVERVIEW DR  
RIVERVIEW FL 33569

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Alicia R ZUSPAN* ALICIA R ZUSPAN 4/21/03 813-571-9100

CR2E034 (10/02)