

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P23099

1. Entity Name

L.P. SPECIALISTS, INC.

Principal Place of Business

605 E ROBINSON ST
SUITE 710
ORLANDO FL 32801
US

Mailing Address

605 E ROBINSON ST
SUITE 710
ORLANDO FL 32801-2047
US

2. Principal Place of Business

1000 E. Robinson
Suite, Apt. #, etc.

3. Mailing Address

Post Box 1353
Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32801

Country

USA

Zip

32802

Country

USA

6. Name and Address of Current Registered Agent

COLVIN, R. GREGORY
605 E ROBINSON ST
SUITE 710
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name
R. Gregory Colvin
Street Address (P.O. Box Number is Not Acceptable)
1000 E. Robinson St.
City
Orlando
FL
Zip Code
32801

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

R. Gregory Colvin

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)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	P	<input type="checkbox"/> Delete
NAME	COLVIN, R. GREGORY	
STREET ADDRESS	605 E ROBINSON ST STE 710	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GRUNER, SYLVIA A	
STREET ADDRESS	605 E ROBINSON ST STE 710	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	R. Gregory Colvin	
STREET ADDRESS	1000 E. Robinson St.	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sylvia A. Gruner	
STREET ADDRESS	1000 E. Robinson St.	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

R. Gregory Colvin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90184 002 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3088216

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (9/99)