

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P31675

1. Entity Name

FIORDALIS ASSOCIATES, INC.

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90309 046 \*\*\*150.00

Principal Place of Business

498 PALM SPRINGS DR  
SUITE 100  
ALTAMONTE SPRINGS FL 32701  
US

Mailing Address

498 PALM SPRINGS DR  
SUITE 100  
ALTAMONTE SPRINGS FL 32701  
US

2. Principal Place of Business

37 N. ORANGE AVE.

Suite, Apt. #, etc.

SUITE 500

City & State

ORLANDO FL

Zip

32801

Country

USA

3. Mailing Address

37 N. ORANGE AVE

Suite, Apt. #, etc.

SUITE 500

City & State

ORLANDO FL

Zip

32801

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3525891

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FIORDALIS, STUART C.

498 PALM SPRINGS DR

SUITE 100

ALTAMONTE SPRINGS FL 32701

Name

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

37 N. ORANGE AVE

SUITE 500

City

ORLANDO

FL

Zip Code

32801

7. Name and Address of New Registered Agent

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

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

3.1.01

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	FIORDALIS, STUART C.	
STREET ADDRESS	984 BRIGHTWATER CIRCLE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	STD	<input type="checkbox"/> Delete
NAME	FIORDALIS, SUSAN C.	
STREET ADDRESS	984 BRIGHTWATER CIRCLE	
CITY-ST-ZIP	MAITLAND FL 32751	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	816 North Summerlin Ave	
CITY-ST-ZIP	Orlando FL 32803	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	816 North Summerlin Ave	
CITY-ST-ZIP	Orlando FL 32803	
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:

Susan C. Fiordalis Susan C. FIORDALIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-01

Date

407-926-4050

Daytime Phone #

CR2E034 (10/00)