

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90060 050 ***150.00

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DOCUMENT # P93000010208

1. Entity Name

WILLIAM A. ABRUZZINO II, P.A.



Principal Place of Business

**303 S.E. WENONA AVENUE
OCALA FL 34471**

Mailing Address

**303 S.E. WENONA AVENUE
OCALA FL 34471**

2. Principal Place of Business

133 S. Old Dixie Highway

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lady Lake, FL

City & State

Zip

32159

Country

Lake

Country

4. FEI Number

59-3166393

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ABRUZZINO, MARY BETH
303 S.E. WENONA AVENUE
OCALA FL 34471**

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 \$550.00

After September 10, 2003 Fee will be \$750.00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVST
ABRUZZINO, WILLIAM A II
303 S.E. WENONA AVENUE
OCALA FL 34471**

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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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

9-8-2003 (352) 753-6588

Date

Daytime Phone #

CR2E034 (4/03)

Attachment
80146151

**WILLIAM A. ABRUZZINO II, P.A.
133 S. OLD DIXIE HIGHWAY
LADY LAKE, FLORIDA 32159**

**PHONE: (352) 753-6588
NATIONWIDE: 1-800-788-2633**

September 8, 2003

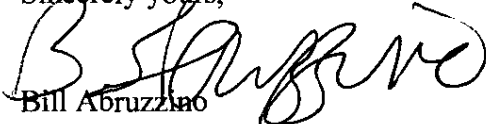
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: Uniform Business Report

To Whom It May Concern:

Enclosed please find my 2003 Uniform Business Report and a check in the amount of \$150.00. I am submitting this report at this time because this is the only report that I received this year and did not receive such report until August of this year. Please waive the late filing penalty.

Sincerely yours,


Bill Abruzzino
President

WAA/bfa