

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90010 027 ***150.00

DOCUMENT # P93000043375

1. Entity Name
MARGARET E. LEDERER, P.A.

Principal Place of Business

801 N MAGNOLIA AVE
STE 314
ORLANDO FL 32803
US

Mailing Address

PO BOX 2708
ORLANDO FL 32802-2708
US

2. Principal Place of Business

380 South SR 434

3. Mailing Address

380 South SR 434

Suite, Apt. #, etc.

Suite 1004-240

Suite, Apt. #, etc.

Suite 1004-240

City & State

Altamonte Springs

City & State

Altamonte Springs, FL

Zip

FL 32714

Country

USA

Zip

32714

Country

USA

4. FEI Number 59-3189269

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEDERER, MARGARET E
801 N MAGNOLIA AVE STE 314
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name MARGARET LEDERER

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

380 South State Rd 434

Suite 1004-240

City

Altamonte Springs

FL

Zip Code

32714

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

4/24/01

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
NAME LEDERER, MARGARET E
STREET ADDRESS 278 WILSHIRE BLVD
CITY-ST-ZIP CASSELBERRY FL 32707

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME LEDERER, MARGARET E
STREET ADDRESS 380 South State Rd 434
CITY-ST-ZIP Altamonte Springs, FL 32714

☒ Change ☐ Addition

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☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Date

209
5570130

Daytime Phone #

CR2E034 (10/00)