

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91510 015 ***150.00

DOCUMENT # P93000066736

1. Entity Name
ALFRED L. DEUTSCHMAN, P.A.

Principal Place of Business 217 N APOPKA AVE INVERNESS FL 34453 US	Mailing Address 217 N APOPKA AVE INVERNESS FL 34453 US
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4 0 0 0 0 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3199322** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

**DEUTSCHMAN, ALFRED L
 217 N APOPKA AVE
 INVERNESS FL 34450**

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.

SIGNATURE _____ DATE **5/2/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DEUTSCHMAN, ALFRED L 5136 S. POINTE DRIVE INVERNESS FL 32650	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Alfred L. Deutschman* Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)

Attachment

DEUTSCHMAN & ZAKARIA
ATTORNEYS AT LAW
217 N. APOPKA AVENUE
INVERNESS, FLORIDA 34450

ALFRED L. DEUTSCHMAN
JODI ZAKARIA
CHARLES T. PINO

433686

TEL (352) 344-3463
FAX (352) 344-5760

May 1, 2002

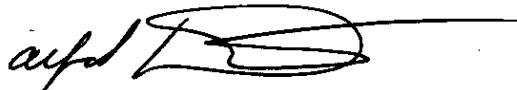
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

re: Uniform Business Report
Alfred L. Deutschman, PA
59-3199322

Dear Sir or Madam,

Enclosed is my UBR report for 2002 and check for \$150.00. We received this document late and are requesting a waiver of the late fee of \$400.00.

Sincerely,



Alfred L. Deutschman