

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000081918

1. Entity Name  
GARRISON & COMPANY, P.A.



**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90140 012 \*\*\*150.00

Principal Place of Business  
705 N. MAIN STREET  
KISSIMMEE FL 34744  
US

Mailing Address  
705 N. MAIN STREET  
KISSIMMEE FL 34744  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3213258

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

GARRISON, KRISTIN E  
4834 OAKBROOKE PLACE  
ORLANDO FL 32812

Name Robert C. Garrison  
Street Address (P.O. Box Number is Not Acceptable)  
4834 Oakbrooke Place  
City Orlando FL Zip Code 32812

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 Robert C. Garrison  
Signature, typed or printed name of registered agent and title if applicable.

Robert C. Garrison  
(NOTE: Registered Agent signature required when reinstating)

1-9-03  
DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME DP  
STREET ADDRESS GARRISON, ROBERT C  
CITY-ST-ZIP 4834 OAKBROOKE PLACE  
ORLANDO FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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:

Robert C. Garrison  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-03  
Date

407-846-4022  
Daytime Phone #

CR2E034 (10/02)