

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000001257

1. Entity Name

CHARLES D. MINER, P.A.

Principal Place of Business

1646 HILLCREST ST
ORLANDO FL 32803

Mailing Address

1646 HILLCREST ST.
ORLANDO FL 32803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

59-3215758

Applied For

Not Applicable

5. Certificate of Status Desired

 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MINER, CHARLES D
1646 HILLCREST ST.
ORLANDO FL 32803

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. 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 PSTD

 DeleteNAME MINER, CHARLES D
STREET ADDRESS 1646 HILLCREST ST.
CITY-ST-ZIP ORLANDO FL 32803 Change Addition

TITLE

 Delete

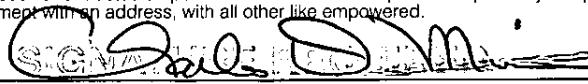
NAME

STREET ADDRESS

CITY-ST-ZIP

 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

123/02 (407)894-6210

Daytime Phone #

0095600
325323
AVFILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90020 046 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)