

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90099 017 ***150.00

DOCUMENT # P94000010838

1. Entity Name
FRED SAFFER & ASSOCIATES, INC.



Principal Place of Business
2111 E MICHIGAN ST
SUITE 219
ORLANDO FL 32806

Mailing Address
2111 E MICHIGAN ST
SUITE 219
ORLANDO FL 32806

2. Principal Place of Business
340 N. ORANGE AVE

Suite, Apt. #, etc.
SUITE A

City & State
ORLANDO, FL

Zip
32801

Country
ORANGE

3. Mailing Address
340 N. ORANGE AVE

Suite, Apt. #, etc.
SUITE A

City & State
ORLANDO, FL

Zip
32801

Country
ORANGE



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3229096**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SAFFER, FRED R
2111 E MICHIGAN ST
SUITE 219
ORLANDO FL 32806

7. Name and Address of New Registered Agent

Name
FRED R. SAFFER
Street Address (P.O. Box Number is Not Acceptable)
340 N. ORANGE AVE.
SUITE A
City **ORLANDO** **FL** **Zip Code** **32801**

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 *Fred Saffer*

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

(NOTE: Registered Agent signature required when reinstating)

1/14/03
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SAFFER, FRED R**
STREET ADDRESS **2111 E MICHIGAN ST SUITE 219**
CITY-ST-ZIP **ORLANDO FL 32806**

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

TITLE **D** ☐ Delete
NAME **LINXWILER, JOSEPH N**
STREET ADDRESS **2111 E MICHIGAN ST SUITE 219**
CITY-ST-ZIP **ORLANDO FL 32806**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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: *Fred Saffer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-03

Date

407-895-5111

Daytime Phone #

CR2E034 (10/02)