## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## P94000070115 **DOCUMENT#**

1. Entity Name

ALLEN, LANG, CUROTTO & PEED, P.A.

|--|--|--|

## Jan 27, 2003 8:00 am 8 Secretary of State 201-27-2003 90250 047 \*\*\*\* **FILED**

| Principal Plac<br>14 E WASHIN<br>SUITE 600<br>ORLANDO FL<br>US | NGTON ST         | s                                      | Mailing Address<br>P. O. BOX 3628<br>ORLANDO FL 32802-362<br>US  | 8             | ٤                           |                                     | *                                |                      |   |                   |                             |  |
|--|------------------|--|--|---------------|-----------------------------|-------------------------------------|----------------------------------|----------------------|---|-------------------|-----------------------------|--|
| Principal Place of Business     A. Mailing Address             |                  |  |  |               | ·                           | 1                                   |                                  | 1814   1849 <b>-</b> | <b>   </b>  |                   |                             |  |
| Suite, Apt. #, etc.  |                  |  | Suite, Apt. #, etc.  |               |                             | CHECK HERE IF MAKING CHANGES        |                                  |                      |   |                   |                             |  |
| City & State   |                  |  | City & State   |               |                             | 4. FEI Number 59-3267914 Applied Fo |                                  |                      |   |                   | oplied For<br>ot Applicable |  |
| Zip Country  |                  | Zip Countr                             |  | ntry          | 5. Certificate of Status De |                                     | sired [                          | \$9.75 Additional    |   | ditional          |                             |  |
|  | 6. Name          | and Address of Current F               | !<br>Registered Agent  | J             |                             | 7.                                  | Name and Address of              | New Regis            |   |                   |                             |  |
| -  |                  |  |  |               | ·Name                       |                                     |                                  |                      |   | -                 |                             |  |
| Lang, Th   |                  |  |  |               | Street Address (            | (PO B                               | Box Number is Not Acce           | entable)             |   |                   |                             |  |
| 14 E WAS   | SHINGTON         | STREET STE-600                         |  |               |                             | (,.0. 5                             |                                  |                      |   |                   |                             |  |
| ORLANDO  | O FL 32801       |  |  |               |                             |                                     |                                  |                      |   |                   |                             |  |
|  |                  |  |  |               | City                        |                                     |                                  |                      | FL  | Zip Cod           | e                           |  |
| 8 The above  | named entit      | y submits this statement for           | the oursose of changing it   | s register    | ed office or register       | red ad                              | ent, or both, in the Stat        | e of Florida         | _:  | l<br>niliar with. | and accept                  |  |
|  | tions of regist  |  | and perpose of changing it   | o rogisto.    | od omoc di rogioto.         | ca ug                               | join, or boar, writing order     | 0.1.0.144            |   |                   | 2.10 GOODP.                 |  |
| OLONIATURE   |                  |  | ,  |               |                             |                                     |                                  |                      |   |                   |                             |  |
| SIGNATURE .  | Signature, typed | or printed name of registered agent ar | nd title if applicable. (NO  | TE: Registere | ed Agent signature required | d when re                           | einstating)                      |                      | DATE  | <del></del>       |                             |  |
|  | ILE NOW!         | !! FEE IS \$150.00                     |  |               |                             |                                     |                                  |                      | <del></del>   |                   |                             |  |
| After  | r May 1, 200     | 3 Fee will be \$550.00                 | ŀ  |               |                             |                                     | 9. Election Campa Trust Fund Con | -                    | ing 🔲   |                   | May Be to Fees              |  |
| Make Check   | k Payable to     | Florida Department of                  |  |               |                             |                                     |                                  |                      |   |                   |                             |  |
| 10.  |                  | OFFICERS AND D                         |  | 11.           |                             | AL                                  | DITIONS/CHANGES T                | O OFFICER            |   |                   |                             |  |
| TITLE  | PD               | OMAC E                                 | ☐ Delete   | TITL          | - r                         |                                     |                                  |                      |   | Change            | ☐ Addition                  |  |
| NAME<br>STREET ADDRESS   | LANG, TH         | iumas f<br>Shington St Suite 60        | 10   | NAM<br>STRI   | EET ADDRESS                 |                                     |                                  |                      |   |                   |                             |  |
| CITY-ST-ZIP  |                  | ) FL 32801                             | ,,   |               | '-ST-ZIP                    |                                     |                                  |                      |   |                   |                             |  |
| TITLE  | VPD              |  | ☐ Delete   | TITL          | F                           |                                     |                                  |                      |   | ☐ Change          | Addition                    |  |
| NAME   |                  | HOMAS R                                | Delete   | NAM           |                             |                                     |                                  |                      |   |                   |                             |  |
| STREET ADDRESS   | 14 E WAS         | SHINGTON ST SUITE 60                   | 0  | STR           | EET ADDRESS                 |                                     |                                  |                      |   |                   | }                           |  |
| CITY-ST-ZiP  | ORLANDO          | ) FL 32801                             |  | CITY          | Y-ST-ZIP                    |                                     |                                  |                      |   | _                 |                             |  |
| TITLE  | VPD              |  | ☐ Delete   | TITE          | E                           |                                     |                                  |                      |   | _ Change          | ☐ Addition                  |  |
| NAME   | PEED, FR         | ED M                                   | بالمستها المناها المالية المالية المناسات المالية الما | - NAM         | _                           | -· :-                               | <u>.</u> .                       |                      | الم المواجعة | •                 |                             |  |
| STREET ADDRESS<br>CITY-ST-ZIP                                  |                  | ) FL 32801                             |  |               | EET ADDRESS<br>'-ST-ZIP     |                                     |                                  |                      |   |                   |                             |  |
| TITLE  | TD               |  | ☐ Delete   | TITL          |                             |                                     | <del></del>                      |                      |   | Change            | Addition                    |  |
| NAME   |                  | ), DONALD                              | □ Delete   | NAM           |                             |                                     |                                  |                      |   | Change            |                             |  |
| STREET ADDRESS   |                  | SHINGTON ST STE-600                    |  | STA           | EET ADDRESS                 |                                     |                                  |                      |   |                   |                             |  |
| CITY-ST-ZIP  | ORLANDO          | ) FL 32801                             |  | CITY          | '-ST-ZIP                    |                                     |                                  |                      |   |                   |                             |  |
| TITLE  |                  |  | ☐ Delete   | TITL          | ĺ                           |                                     |                                  |                      |   | Change            | Addition                    |  |
| NAME   |                  |  |  | NAM           | i                           |                                     |                                  |                      |   |                   |                             |  |
| STREET ADDRESS<br>CITY-ST-ZIP                                  | {                |  |  | 1             | EET ADDRESS<br>(-ST-ZIP     |                                     |                                  |                      |   |                   |                             |  |
|  | <del> </del>     |  |  | ╌             | <del></del>                 |                                     |                                  |                      |   | ☐ Change          | ☐ Addition                  |  |
| TITLE<br>NAME  |                  |  | ☐ Delete   | TITL<br>NAM   | 1                           |                                     |                                  |                      | L   | Change            | L. AUUIIIOII                |  |
| STREET ADDRESS   | l                |  |  | - 1           | EET ADDRESS                 |                                     |                                  |                      |   |                   |                             |  |
| CITY-ST-ZIP  | İ                |  | -  | CITY          | '-ST-ZIP                    |                                     |                                  |                      |   |                   |                             |  |
| 12 I beroby o  | certify that the | a information supplied with            | this filing does not qualify for   | or the eve    | motion stated in Se         | ection                              | 119 07(3)(i) Florida Sta         | tutes I furt         | her certify   | that the it       | nformation                  |  |

indicated on this report or supplied with the find account 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 employed to the sport 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 outer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas F. Lang, President

1/24/03

Date

407-422-8250

Daytime Phone #