

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

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90215 020 \*\*\*150.00

**DOCUMENT # P95000039088**

1. Entity Name  
**PHILIP TATICH, P.A.**



Principal Place of Business  
**341 NORTH MAITLAND AVENUE  
SUITE 340  
MAITLAND FL 32751  
US**

Mailing Address  
**POST OFFICE DRAWER 7540  
MAITLAND FL 32794-7540  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3309616**

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

**TATICH, PHILIP  
341 NORTH MAITLAND AVENUE  
SUITE 340  
MAITLAND FL 32751**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **TATICH, PHILIP**  
STREET ADDRESS **341 NORTH MAITLAND AVENUE STE 340**  
CITY-ST-ZIP **MAITLAND FL 32751**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
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:

**Philip Tatich**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**President**

**1/8/03**

**407/629-4433**

Date

Daytime Phone #

CR2E034 (10/02)

Attachment #  
Pg 5000039088

70005279

PHILIP TATICH  
PROFESSIONAL ASSOCIATION  
ATTORNEYS AND COUNSELLORS AT LAW  
POST OFFICE DRAWER 7540  
MAITLAND, FLORIDA 32784-7540

January 8, 2003

TELEPHONE (407) 629-4433  
FACSIMILE (407) 629-4455

341 N. MAITLAND AVENUE  
SUITE 340  
MAITLAND, FLORIDA 32751

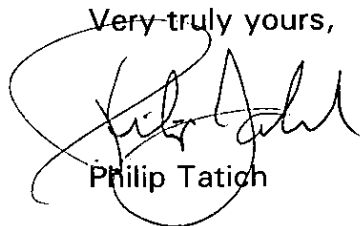
Division of Corporations  
Annual Reports Section  
Post Office Box 1500  
Tallahassee, Florida 32302-1500

**Re: 1003 Profit Corporation Uniform Business Report  
Philip Tatich, P.A.**

Gentlemen:

Enclosed is the referenced annual report which has been completed, along with our check in the amount of \$150.00 to cover the filing fee.

Very truly yours,



Philip Tatich

PT:at

Enclosure

cc: [illegible]