

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **PG5000057604**

1. Entity Name
HOWARD M. SHERMAN AND ASSOCIATES P.A.

Principal Place of Business Mailing Address
**101 TIMBERLACHEN CIR 101 TIMBERLACHEN CIR
LAKE MARY, FL 32746 LAKE MARY, FL 32746
USA USA**

2. Principal Place of Business 3. Mailing Address
101 TIMBERLACHEN CIR SOME

Suite, Apt. #, etc. City & State Zip Country
201 LAKE MARY, FL 32746 USA

4. FEI Number Applied For
59-3333128 Not Applicable

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

6. Name and Address of Current Registered Agent
**HOWARD M. SHERMAN
2074 HUTTON PT.
LAKE MARY, FL 32746
LONGWOOD, FL 32779**

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]** DATE **10/11/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
P GRACIA K. SHERMAN 2074 Hutton Pt. LONGWOOD, FL 32779
VP HOWARD SHERMAN 2074 Hutton Pt. LONGWOOD, FL 32779

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP
100004675681-11/14/01-01096-011
*****150.00 ***150.00**
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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]** DATE **10/11/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/7/00)

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Howard M. Sherman Assoc. PA
101 TIMBERLACHEN Cir.
Lake Mary, FL 32746

Division of Corporations
Annual Report/ Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Appeal of non-payment of annual report fee

We either did not receive our annual report application and fee bill or lost it.

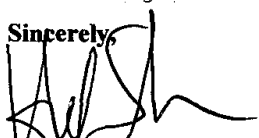
Our cooperation is a one-person social worker with a part time office manager and a part time bookkeeper.

Our part time bookkeeper, Mr. Albert H. Sherman, also my Father, died on April 26, 2001. All bills and tax work were in his apartment when he fell ill before his death. Many papers were misplaced or lost during that time.

I have enclosed his Certificate of Death.

Enclosed are a check for \$150.00 and our 2001 UBR as instructed.

Sincerely,



Howard M. Sherman