

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90032 039 \*\*\*150.00

**DOCUMENT # P96000004332**  
 1. Entity Name  
**MATTHEW A. TAVRIDES, P.A.**

Principal Place of Business 255 S. ORANGE AVENUE SUITE 888 ORLANDO FL 32801	Mailing Address 255 S. ORANGE AVENUE SUITE 888 ORLANDO FL 32801-3452
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>720 Rugby Street</b> Suite, Apt. #, etc. <b>Suite 240</b> City & State <b>Orlando, FL</b> Zip <b>32804</b> Country <b>USA</b>	3. Mailing Address <b>720 Rugby Street</b> Suite, Apt. #, etc. <b>Suite 240</b> City & State <b>Orlando, FL</b> Zip <b>32804</b> Country <b>USA</b>
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4. FEI Number <b>59-3360578</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**TAVRIDES, MATTHEW A ESQ.**  
**255 SOUTH ORANGE AVE**  
**STE 888**  
**ORLANDO FL 32801**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**720 Rugby Street**  
**Suite 240**  
 City **Orlando** **FL** **32804**

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 Matthew A. Tavrdes W. Tavrdes 3/31/00  
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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST TAVRIDES, MATTHEW A ESQ. 255 S ORANGE AVE ORLANDO FL 32801</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>720 Rugby Street, Suite 240 Orlando, FL 32804</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: Matthew A. Tavrdes 3/31/00 407 843 8441  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

C-14 (9/99)