

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90110 012 ***150.00

DOCUMENT # P96000006053

1. Entity Name

REETA CASEY, P.A.

Principal Place of Business

7575 DR. PHILLIPS BLVD. STE 170
 ORLANDO FL 32819

Mailing Address

7575 DR. PHILLIPS BLVD. STE 170
 ORLANDO FL 32819

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2217996

Applied For

Not Applicable

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

ROBERTS, WILLIAM H

934 N. MAGNOLIA AVE., STE 103

ORLANDO FL 32803

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 ☐ Delete
 NAME D
 STREET ADDRESS CASEY, REETA G
 CITY-ST-ZIP 7575 DR. PHILLIPS BLVD. STE 170
 ORLANDO FL 32819

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

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

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 Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 AUG 02 (407)352-1984 x637

Date

Daytime Phone #

CR2E034 (4/02)



Attachment



872588

P96000006053

29 Aug 02

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Ref: UBR 2002 Document # P96000006053
Entity Name: Reeta Casey, P.A.

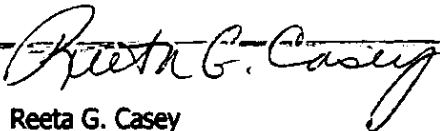
Dear Madam/Sir:

This letter is being written to request the late fee be waived because I did not receive the first notice this year. When I met with my accountant (also my registered agent) and asked him about this notice (what we needed to do other than send you the fee) he told me that this was a second notice not the first. I explained to him that this was the only notice I had received and he suggested calling to find out what could be done.

I called your office and talked to, I think she said her name was Esther. After explaining the situation to her, she told me to write a letter and include everything I had told her. She also said to include the letter with the report (this was very important) and the \$ 150.00 dollar fee, which I have done.

If you need any further information, please don't hesitate to call me. Thanks, for your assistance with this.

Sincerely,


Reeta G. Casey

