## 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000014156 1. Entity Name D'ASSARO AND HALL, P.A.

## FILED Mar 12, 2001 8:00 am Secretary of State 03-12-2001 90422 025 \*\*\*150.00

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of Business	SUITE 1575							
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Principal Place of Business     3. Mailing Address		dress						
, etc.	Suite, Apt. #, etc.			·	DO NOT WRITE	IN THIS SP	ACE	
City & State City & State			4.		FEI Number 59-3365516		Applied For Not Applicable	
Country	Zip	Country	5.	Certificate of	Status Desired			
			7. 1	Name and A	ddress of New Re	gistered Ag	ent	
D'ASSARO, VINCENT								
ORANGE AVE 1575								
ORLANDO FL 32801		City				FL	Zip Cod	e
amed entity submits this statement for t	he purpose of changing its	registered office of	r registered ag	ent, or both,	in the State of Flori	da.		
gnature, typed or printed name of registered agent and	title if applicable. (NOT	E: Registered Agent signa	ure required when re	einstating)		DATE		
Tax filing requirement and elects to do so After MAY 1, 2001		01 Fee will be \$	550.00					00 May Be d to Fees
	<u></u>			DITIONS	HANGES TO DEEL	YERS AND D	HECTOR	S IN 11
PD	Delete	TITLE		ZDITIONS/CI	TANGES TO OFFICE			Addition
I11 N ORANGE AVE, STE 1575		STREET ADDRESS CITY-ST-ZIP						
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		STREET ADDRESS CITY-ST-ZIP						
•	Delete .	TITLE NAME				[	☐ Change	Addition
	Country  6. Name and Address of Current Recard ARO, VINCENT ORANGE AVE 1575 DO FL 32801  amed entity submits this statement for the country on back)  OFFICERS AND DISPLASSARO, VINCENT	NE SUITE 1575 ORLANDO FL 32801 US  Ce of Business  etc.  City & State  Country  Zip  6. Name and Address of Current Registered Agent  ARO, VINCENT ORANGE AVE 1575 DO FL 32801  amed entity submits this statement for the purpose of changing its  pnature, typed or printed name of registered agent and title if applicable.  (NOT  attion is eligible to satisfy its Intangible quirement and elects to do so. on back)  OFFICERS AND DIRECTORS  DO Gelete  Delete  Delete	The street Address of Current Registered Agent  ARO, VINCENT ORANGE AVE Street A  ARO, VINCENT ORANGE AVE 1575 DD FL 32801  ARO, VINCENT ORANGE AVE 1575 DD ASSARO, VINCENT 11 N ORANGE AVE, STE 1575 DRIANDO FL 32801  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  MAME STREET ADDRESS CITY-ST-Z	The Surfer Address of Current Registered Agent Street Address (P.O. I Street Address (P.O.	The state of Business  3. Mailing Address  3. Mailing Address  4. FEI Number  Country  Zip  Country  Size Country  5. Certificate of Country  5. Certificate of Street Address (P.O. Box Number Orlays and all of Expolication  City  City  Street Address (P.O. Box Number Orlays and all of Expolication  To Range Ave 1575  DO FL 32801  City  Size I Street Address (P.O. Box Number Orlays and all of Expolication  INDITER Population of Agent Exposured Agent agent of City  To Do Make Check Payable to Department of State  OFFICERS AND DIRECTORS  Delete  Title  NAME  STREET ADDRESS  CITY-ST-2IP  Delete  STREET ADDRESS  CITY-ST-2IP  Delete  STREET ADDRESS  CITY-ST-2IP  Delete  STREET ADDRESS  CITY-ST-2IP  Delete  STREET ADDRESS  CITY-ST-2IP  STREET ADDRESS  CITY-ST-2IP  Delete  STREET ADDRESS  CITY-ST-2IP  Delete  STREET ADDRESS  CITY-ST-2IP  Delete  STREET ADDRESS  CITY-ST-2IP  STREET ADDRESS  CITY-ST-2IP  Delete  STREET ADDRESS  CITY-ST-2IP  STREET ADDRESS  CI	Sure 111 N ORANGE AVE SUITE 1575 ORLANDO FL 32801 US  12 Suite, Apt. #, etc. DO NOT WRITE  City & State  Country  Zip  Country  Zip  Country  Zip  Country  5. Certificate of Status Desired  6. Name and Address of Current Registered Agent  7. Name and Address of New Re Name  Street Address (P-O. Box Number is Not Acceptable)  Street Address (P-O. Box Number is Not Acceptable)  City  Street Address (P-O. Box Number is Not Acceptable)  City  amed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flori  City  amed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flori  City  City  The North Address (P-O. Box Number is Not Acceptable)  City  City  City  Street Address (P-O. Box Number is Not Acceptable)  City  City  City  City  The North Address (P-O. Box Number is Not Acceptable)  City  City  Street Address (P-O. Box Number is Not Acceptable)  FILE NOW!!! FEE IS \$150.00  After MAY 1, 2001 Fee will be \$550.00  Make Check Payable to Department of State  OFFICERS AND DIRECTORS  THE NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  THE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  THE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  THE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  THE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  THE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  THE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  THE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  THE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  THE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  THE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  THE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete	The control of Business  3. Mailing Address  3. Mailing Address  4. FEI Number 59-3365516  Country  Zip  Country  5. Certificate of Status Desired  6. Name and Address of Current Registered Agent  Name  ARO, VINCENT  ORANGE AVE  1575  DO FL 32801  City  FL  amed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  ARO, VINCENT  ORANGE AVE  1575  City  FL  amed entity submits this statement for the purpose of changing its registered Agent signature registered agent, or both, in the State of Florida.  PATE  The country of Pate of Private Agent signature registered agent, or both, in the State of Florida.  PATE  The NOW!!! FEE IS \$150.00  Make Check Payable to Department of State  DO SFICERS AND DIRECTORS  Delete  THE  INME  SIREE ADDRESS  OIT-ST-2P  Delete  THE  NAME  SIREE ADDRESS  OIT-ST-2P  DELETE  THE  SIREE ADDRESS  OIT-ST-	If I NORANGE AVE SUITE 1575 ORLANDO FL 32801 US  atc. Suite. Apt. 4, etc. DO NOT Writte in This SPACE  Country Zip Country 5, Certificate of Status Desired S8.75 Address of Current Registered Agent 7, Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)  CAY FL Zip Cod amed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  Cay FL Zip Cod amed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  Cay FL Zip Cod amed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  Cay FL Zip Cod amed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  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SIGNATURE: