

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

008757 AV

**DOCUMENT # P96000049642**

1. Entity Name  
**BARBARA ANN SHERMAN, P.A.**

04-29-2002 90056 015 \*\*\*150.00

Principal Place of Business      Mailing Address  
**950 N. ORLANDO AVE**      **950 N. ORLANDO AVE**  
**SUITE 150**      **SUITE 150**  
**WINTER PARK FL 32789**      **WINTER PARK FL 32789**  
**US**      **US**



2. Principal Place of Business      3. Mailing Address  
**954 S. Orlando Ave**      **954 S Orlando Ave**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State      City & State  
**Winter Park, FL**      **Winter Park, FL**

4. FEI Number      Applied For  
**65-0673774**       Not Applicable

Zip      Country      Zip      Country      5. Certificate of Status Desired       **\$8.75** Additional Fee Required  
**32789**      **US**      **32789**      **US**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SHERMAN, BARBARA ANN**  
~~**950 N. ORLANDO AVE**~~      **954 S Orlando Ave**  
**SUITE 150**  
**WINTER PARK FL 32789**

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 Barbara Ann Sherman, P.A.      DATE 4/12/2002  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	<b>PSD</b> <input type="checkbox"/> Delete
NAME	<b>SHERMAN, BARBARA ANN</b>
STREET ADDRESS	<b>315 NEW ENGLAND #19</b>
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Barbara Ann Sherman      DATE 4/12/02      DAYTIME PHONE # 407-629-6330  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CFR2E034 (9/01)