

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000056169

1. Entity Name

NORMAN LINDER HULL, P.A.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90161 049 ***150.00

Principal Place of Business

537 N. MAGNOLIA AVE
ORLANDO FL 32801
US

Mailing Address

P.O. BOX 2751
ORLANDO FL 32802-2751
US

2. Principal Place of Business

746-A N. Magnolia Avenue

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 533068

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL 32853

Zip

32803

Country

USA

Zip

32853

Country

USA

4. FEI Number

59-3387016

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HULL, NORMAN L
537 N. MAGNOLIA AVE.
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name: **NORMAN L. HULL**
Street Address (P.O. Box Number is Not Acceptable)
746-A North Magnolia Avenue

City **Orlando** FL Zip Code **32803**

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4.20.00

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

TITLE **DPST** ☐ Delete
NAME **HULL, NORMAN L**
STREET ADDRESS **537 N. MAGNOLIA AVE.**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **HULL, NORMAN L.**
STREET ADDRESS **746-A N. MAGNOLIA AVENUE**
CITY-ST-ZIP **ORLANDO, FL 32803**

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

TITLE ☐ Change ☐ Addition
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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 title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Norman L. Hull 4/26/00 407-421-1235

CR2E034 (9/99)