

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90048 014 ***150.00

DOCUMENT # P96000098866

1. Entity Name
RONALD J. FEIBUS, P.A.

Principal Place of Business Mailing Address

180 S KNOWLES AVE **PO BOX 1975**
STE 7 **WINTER PARK FL 32790**
WINTER PARK FL 32789 **US**
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

9153 Int. Shade Drive **PO Box 20744**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Chattanooga TN **Chattanooga TN**

Zip Country Zip Country

37424 **US** **37424** **US**

4. FEI Number Applied For

59-3429353 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FEIBUS, RONALD J
161 W READING WAY
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name **Ken Patton**

Street Address (P.O. Box Number is Not Acceptable)
1800 Pembroke Drive

City **Orlando** State **FL** Zip Code **32810**

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: **Ken Patton, CPA** DATE: **1-22-02**

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

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | FEIBUS, RONALD J | |
| STREET ADDRESS | PO BOX 1975 | |
| CITY-ST-ZIP | WINTER PARK FL 32790 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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)(f), 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: DATE: **1/5/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)