

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000017946

1. Entity Name
MORTON KOSTO, P.A.

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90009 020 ***550.00

Principal Place of Business
518 SPRING CLUB DRIVE
ALTAMONTE SPRINGS FL 32714

Mailing Address
518 SPRING CLUB DRIVE
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business
~~518~~ 101 Southchall Lane, Ste 400
Suite, Apt. #, etc.

3. Mailing Address
Same as above
Suite, Apt. #, etc.

City & State
MAITLAND, FL
Zip
32751
Country
USA

City & State
Zip
Country

4. FEI Number 59-3442477

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KOSTO, MORTON
518 SPRING CLUB DRIVE
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

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 Morton Kosto

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, 2000 Min. 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST KOSTO, MORTON 518 SPRING CLUB DRIVE ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOSTO, MORTON 518 SPRING CLUB DRIVE ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/00

Date

407-660-6640

Daytime Phone #

CR2E034 (5/00)