

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000044159

1. Entity Name  
SCOTT J. URICCHIO, P.A.

**FILED**  
**Feb 21, 2001 8:00 am**  
**Secretary of State**

02-21-2001 90069 038 \*\*\*150.00

Principal Place of Business  
746 N MAGNOLIA AVE  
ORLANDO FL 32803  
US

Mailing Address  
746 N MAGNOLIA AVE  
ORLANDO FL 32803  
US

2. Principal Place of Business  
1146 DELANEY AVE.

3. Mailing Address  
1146 DELANEY AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
ORLANDO, FLA

City & State  
ORLANDO, FLA

4. FEI Number 65-0766162

Applied For  
Not Applicable

Zip 32806 Country USA

Zip 32806 Country USA

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

URICCHIO, SCOTT J  
746 N MAGNOLIA AVE  
ORLANDO FL 32803

Name SCOTT J. URICCHIO

Street Address (P.O. Box Number is Not Acceptable)  
1146 DELANEY AVE.

City ORLANDO FL Zip Code 32806

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 SCOTT J. URICCHIO (SCOTT J. URICCHIO) DATE 02/16/01

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D URICCHIO, SCOTT J 746 N MAGNOLIA AVE ORLANDO FL 32803	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT J. URICCHIO 1146 DELANEY AVE. ORLANDO, FL 32806	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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: SCOTT J. URICCHIO DATE 02/16/01 DAYTIME PHONE # 407-420-1414

CR2E034 (10/00)