

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90006 045 ***550.00

DOCUMENT # P97000046170

1. Entity Name
GEOFFREY BICHLER, P.A.

Principal Place of Business

**533 W NEW ENGLAND AVE
 SUITE C
 WINTER PARK FL 32789
 US**

Mailing Address

**533 W NEW ENGLAND AVE
 SUITE C
 WINTER PARK FL 32789
 US**

2. Principal Place of Business

558 W. New England Avenue

Suite, Apt. #, etc.

Suite 210

City & State

Winter Park, FL

Zip

32789

Country

USA

3. Mailing Address

558 W. New England Avenue

Suite, Apt. #, etc.

Suite 210

City & State

Winter Park, FL

Zip

32789

Country

USA

4. FEI Number

59-3447877

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BICHLER, GEOFFREY ESQ.
 1162 NORTH NEW YORK AVENUE
 WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

Name **Geoffrey Bichler, Esquire**

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

1230 Alabama Drive

City

Winter Park

FL

Zip Code
32789

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

9/11/01

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 \$550.00
 After September 12, 2001 Fee 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	PTD BICHLER, GEOFFREY 533 NEW ENGLAND AVE WINTER HAVEN FL 32789	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BICHLER, D3EANNA P 533 NEW ENGLAND AVE WINTER HAVEN FL 32789	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 558 West New England Avenue, Suite 210 Winter Park, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 558 West New England Avenue, Suite 210 Winter Park, FL 32789
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Geoffrey Bichler

09/11/01

(407) 599-3777

Date

Daytime Phone #

CR2E034 (5/01)