

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90099 011 ***150.00

DOCUMENT # P97000052385

1. Entity Name

LAW OFFICES OF VAN DYKE & ASSOCIATES, P.A.



Principal Place of Business

1630 HILLCREST STREET
ORLANDO FL 32803

Mailing Address

1630 HILLCREST STREET
ORLANDO FL 32803

2. Principal Place of Business

7200 LAKE ELLENOR DR, #252

3. Mailing Address

7200 LAKE ELLENOR DR, #252

Suite, Apt. #, etc.

#252

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FL.

Zip

32809

Country

USA

Zip

32809

Country

USA

4. FEI Number

59-3455244

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

VAN DYKE, TIMOTHY H
1630 HILLCREST STREET
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name

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

7200 LAKE ELLENOR DR, #252

City

ORLANDO

FL

Zip Code

32809

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
VAN DYKE, TIMOTHY H
1630 HILLCREST STREET
ORLANDO FL 32803 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
7200 LAKE ELLENOR DR, #252
ORLANDO, FL 32809 ☒ Change ☐ Addition

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-5-03 4072700085

CR2E034 (10/02)