2002 UNIFORM BUSINESS REPORT (UBR)

P97000091757 **DOCUMENT #** 1. Entity Name FELIX R. DIAZ, P.A.

FILED May 06, 2002 8:00 am Secretary of State 05-06-2002 90086 041 ***150.00

Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. DO NOT WRITE IN THIS SPACE	Principal Place 8816 PARLIAME KISSIMMEE FL	ent ct		Mailing Address 717 EAST OAK STREET KISSIMMEE FL 34747							
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SWART, HARRY J 717 E OAK ST KKSSIMMEE FL 34744 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, types or animal near or registered agent agent and an applicable. SIGNATURE Signature, types or changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, types or animal near or registered agent agent agent agent agent agent, or both, in the State of Florida. SIGNATURE Signature, types or animal near or registered agent agen	Zip Country			Zip	Country	5. (Certificate of Status Desired				
Name Name Street Address (P.O. Box Number is Not Acceptable)				gistered Agent		7. N	7. Name and Address of New Registered Agent			nt	
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9. This corporation is eligible to satisfy its Intangible Tax filling required and requirement and elects to do so. Society of the property	o. me above	married entity		per present an annual g	J	· ·					
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. Common teach Commo	SIGNATURE										
Tax filing requirement and elects to do so. (See criteria on back) After May 1, 2002 Fee will be \$550.00 (See criteria on back) Make Check Payable to Department of State Trust Fund Contribution. PSTD DIAZ, FELIX R SIRRET ADDRESS OCHY-ST-ZIP TITLE NAME SIRRET ADDRESS CITY-ST-ZIP TITLE NAME SIRRET ADDRESS CITY-ST-ZIP SIRRET ADDRESS CITY-ST-ZI	SIGNATORIE	Signature, typed o	r printed name of registered agent an	d title if applicable. (NOTE	: Registered Agent sign	ature required when re	einstating)	DATE			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	Tax filling requirement and elects to do so.			After May 1, 2002 Fee will be \$550.0		550.00					
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13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS				☐ Change	☐ Addition	

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 SP DIRECTOR

Daytime Phone #