

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90206 045 \*\*\*150.00

0677810 FP

**DOCUMENT # P97000098698**

1. Entity Name  
**JEFFREY W. ALBERT, P.A.**



Principal Place of Business  
2221 LEE ROAD BLDG  
STE 15  
WINTER PARK FL 32789

Mailing Address  
2221 LEE ROAD BLDG  
STE 15  
WINTER PARK FL 32789



2. Principal Place of Business

3. Mailing Address

**2709 West Fairbanks Ave. 2709 W. Fairbanks Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**200**

**200**

City & State

City & State

**Winter Park, FL**

**Winter Park**

Zip

Country

Zip

Country

**32789**

**USA**

**32789**

**USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3478090**

Applied For

Not Applicable

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

**ALBERT, JEFFREY W**  
**2221 LEE RD BLDG**  
**STE 15**  
**WINTER PARK FL 32789**

Name

**Jeffrey W. Albert**

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

**2709 West Fairbanks Ave**

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. 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

**4/10/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$650.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVSD ALBERT, JEFFREY W ESQ 2221 LEE RD BLDG STE 15 WINTER PARK FL 32789</b>	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

**4/10/03**

CR2E034 (10/02)