

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90297 012 ***150.00

DOCUMENT # P97000101465

1. Entity Name
MARK D. BARTH, P.A.



Principal Place of Business
11455 S ORANGE BLOSSOM TRAIL
11
ORLANDO FL 32837
US

Mailing Address
P.O. BOX 771662
ORLANDO FL 32877
US

00000330



2. Principal Place of Business
8000 S. ORANGE AVE
Suite, Apt. #, etc.
#100

3. Mailing Address
P.O. BOX 590182
Suite, Apt. #, etc.

City & State
ORLANDO FL

City & State
ORLANDO FL

4. FEI Number 59-3479519

Applied For
Not Applicable

Zip 32809 Country FLA

Zip 32859 Country OKLA

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

6. Name and Address of Current Registered Agent

BARTH, MARK D
11455 S ORANGE BLOSSOM TRAIL
11
ORLANDO FL 32837

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 PD
NAME BARTH, MARK D ESQ ☐ Delete
STREET ADDRESS 11455 S ORANGE BLOSSOM TRAIL, #11
CITY-ST-ZIP ORLANDO FL 32837

TITLE SVD
NAME BARTH, MARK D ESQ ☐ Delete
STREET ADDRESS 11455 S ORANGE BLOSSOM TRAIL, #11
CITY-ST-ZIP ORLANDO FL 32837

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 8000 S. ORANGE AVE ☒ Change ☐ Addition
CITY-ST-ZIP ORLANDO FL 32809 #100

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

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

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

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

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

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 line employees.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)