

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 13, 2001 8:00 am**  
**Secretary of State**

08-13-2001 90003 024 \*\*\*150.00

**DOCUMENT # P98000006482**

1. Entity Name  
**DAVID A. MAY, P.A.**

Principal Place of Business <b>159 LOOKOUT PLACE                  STE 102                  MAITLAND FL 32751</b>	Mailing Address <b>159 LOOKOUT PLACE                  STE 102                  MAITLAND FL 32751</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3488617</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>RUBINO, NICHOLAS J ESQUIRE                  159 LOOKOUT PLACE                  MAITLAND FL 32751</b>				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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>DPS</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MAY, DAVID A</b>			NAME			
STREET ADDRESS	<b>1645 CHOCTAW TRAIL</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 REQUIRED** \_\_\_\_\_ **8/7/01 407-647-0008**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment No. # P98000000482

80001978



LAW OFFICES  
Rubino & Associates  
PROFESSIONAL ASSOCIATION

Nicholas J. Rubino\*  
Catherine E. Davey, LL.M.

\*Florida Board Certified  
Wills, Trusts and Estates Attorney

159 Lookout Place  
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Maitland, Florida 32751  
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Facsimile (407) 647-7889  
Email: lawfirm@rubino-law.com

August 7, 2001

Division of Corporations  
Uniform Business Report Filings  
Post Office Box 1500  
Tallahassee, FL 32302-1500

Re: David A. May P.A.

Dear Sir:

Enclosed for filing is the 2001 Uniform Business Report for the above corporation. I have enclosed our client's check in the amount of \$150.00 to cover the original filing fee. We respectfully request a waiver of the \$400.00 penalty for late filing as we did not receive the initial Uniform Business Report through the mail.

Thank you for your attention to this matter.

Respectfully,

Benjamin D. Warren, Paralegal  
to Nicholas J. Rubino

bdw  
Encls.