

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90277 016 ***150.00

DOCUMENT # P98000039102

1. Entity Name

Anthony Shaider, P.A.



DO NOT WRITE IN THIS SPACE

90149735

2. Principal Place of Business

1622 Columbia Arms Circle

Suite, Apt. #, etc.
Apt. 267

3. Mailing Address

717 E. Oak Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Kissimmee, FL

City & State
Kissimmee, FL

4. FEI Number

59-3508443

Applied For

Not Applicable

Zip
34741

Country
USA

Zip
34744

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Swart, Harry J CPA

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

717 E. Oak Street

City

Kissimmee

FL

Zip Code
34744

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
**D,P,S,T
Shaider, Anthony
1622 Columbia Arms Circle, Apt 267
Kissimmee, FL 34741**

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

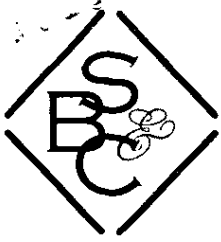
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/03

Date

Daytime Phone #

CR2E034B (12/02)



Attachment
90149735

SWART BAUMRUK & COMPANY, LLP
CERTIFIED PUBLIC ACCOUNTANTS ♦ BUSINESS & FINANCIAL CONSULTANTS

HARRY J. SWART, CPA
ANDY J. BAUMRUK, CPA

August 5, 2003

Division of Corporations
Department of State
P.O. Box 1500
Tallahassee, FL 32314

RE: Annual Report
Anthony Shaider, P.A. P98000039102

To Whom It May Concern:

Our client, Anthony Shaider, P.A. was incorporated on April 28, 1998. They have filed all previous Annual Reports in a timely manner. Early in 2003 Mr. Shaider unbeknownst to us, had a heart attack and his mail was forwarded to a temporary address. He did not receive the original or follow up 2003 UBR notice in the mail..

Attached is a completed Annual Report for the year 2003 we prepared on their behalf and their payment of \$150.00. We ask that you abate the penalty for the reasons stated above.

Thank you for your consideration and we await your decision.

Sincerely,

Swart Baumruk & Company, LLP

Harry J. Swart, CPA

HJS/bh

Enclosures