

-2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000043692**

1. Entity Name

DAVID ALLEN WEBSTER, P.A.**FILED**
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90034 015 ***150.00

Principal Place of Business

Mailing Address

**413 VIRGINIA DRIVE
ORLANDO FL 32803****413 VIRGINIA DRIVE
ORLANDO FL 32803-1842**2. Principal Place of Business **UNGER, WEBSTER, SWARTWOOD & ACREE, P.A.**Mailing Address **UNGER, WEBSTER, SWARTWOOD & ACREE, P.A.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

701 PEACHTREE ROAD**701 PEACHTREE ROAD**

City & State

City & State

ORLANDO, FL**ORLANDO, FL**

Zip

Country

Zip

Country

32804**USA****32804****USA**

4. FEI Number

59-3509983

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

~~**MOTOLAW, INC.**
413 VIRGINIA DRIVE
ORLANDO FL 32803~~**UWSA SERVICES, INC.**Street Address (P.O. Box Number is Not Acceptable)
701 PEACHTREE ROADCity
ORLANDO**FL**Zip Code
32804

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBSTER, DAVID A 413 VIRGINIA DRIVE ORLANDO FL 32803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBSTER, DAVID A 701 PEACHTREE ROAD ORLANDO, FL 32804 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)