2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000043824

1. Entity Name

MICHAEL A. ROMANO, P.A.

FILED
00 MAR -6 PM 3: 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
200 E ROBINSON ST STE 1290 ORLANDO FL 32801	200 E ROBINSON ST STE 1290 ORLANDO FL 32801-1963

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8051 BELSHIRE DR.	8051 BELSHIRE DR.
Suite, Apt. #, etc. ~~ORLANDO, FL~~	Suite, Apt. #, etc.
City & State ORLANDO, FL.	City & State ORLANDO, FL
Zip 32835 Country USA	Zip 32835 Country USA.

4. FEI Number 59-3659292 ~~APPLIED FOR~~ ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROMANO, MICHAEL A
~~200 E ROBINSON ST STE 1290~~
~~ORLANDO FL 32801~~

7. Name and Address of New Registered Agent

Name MICHAEL A. ROMANO
Street Address (P.O. Box Number is Not Acceptable) 8051 BELSHIRE DRIVE
City ORLANDO FL Zip Code 32835

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 Michael A. Romano 2/29/2000
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 State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
TITLE	D	☐ Delete
NAME	ROMANO, MICHAEL A	
STREET ADDRESS	200 E ROBINSON ST STE 1290	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	400003170274--5	
CITY-ST-ZIP	-03/14/00--01135--002 ****150.00 ****150.00	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		SP
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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: Michael A. Romano, PRESIDENT MICHAEL A. ROMANO 2/29/2000 (407) 297-1907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #