2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State
03-01-2001 91332 022 ***150.00

DOCUMENT # P98000043824

1. Entity Name
MICHAEL A. ROMANO, P.A.

Principal Place of Business	Mailing Address
8051 BELSHIRE DR ORLANDO FL 32835	8051 BELSHIRE DR ORLANDO FL 32835

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
200 East Robinson St.	
Suite, Apt. #, etc. SUITE 1290	Suite, Apt. #, etc.
City & State ORLANDO, FL.	City & State
Zip 32801 / Country USA	Zip / Country

4. FEI Number 59-3659292 ☐ 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
8051 BELSHIRE DR
ORLANDO FL 32835

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.

SIGNATURE Michael A. Romano, President / Registered Agent 2/23/2001
MICHAEL A. ROMANO
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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROMANO, MICHAEL A 200 E ROBINSON ST STE 1290 ORLANDO FL 32801 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR / PRESIDENT ROMANO, MICHAEL A. 200 East Robinson St., Suite 1290 ORLANDO, FL. 32801 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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 / Director 2/23/2001 (407) 316-8588
MICHAEL A. ROMANO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #