2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State
01-15-2003 90292 031 ***150.00

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DOCUMENT # P98000043824

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

Principal Place of Business
200 E ROBINSON STREET
1290
ORLANDO FL 32801

Mailing Address
8051 BELSHIRE DR
ORLANDO FL 32835

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: 100 EAST PINE STREET
Suite, Apt. #, etc.: SUITE 207
City & State: ORLANDO, FL
Zip: 32801 Country: ORANGE

3. Mailing Address
Suite, Apt. #, etc.
City & State
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Michael A. Romano 1/12/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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	~~D~~ ☒ Delete
NAME	~~ROMANO, MICHAEL A~~
STREET ADDRESS	~~200 E ROBINSON ST STE 1290~~
CITY-ST-ZIP	~~ORLANDO FL 32801~~
TITLE	PD ☐ Delete
NAME	ROMANO, MICHAEL A
STREET ADDRESS	200 E ROBINSON STREET STE 1290
CITY-ST-ZIP	ORLANDO FL 32801
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	~~DIRECTOR~~ ☒ Change ☐ Addition
NAME	~~ROMANO, MICHAEL A~~
STREET ADDRESS	~~100 EAST PINE ST. SUITE 207~~
CITY-ST-ZIP	~~ORLANDO, FLORIDA 32801~~
TITLE	P/D (PRESIDENT / DIRECTOR) ☒ Change ☐ Addition
NAME	ROMANO, MICHAEL A.
STREET ADDRESS	100 EAST PINE ST., SUITE 207
CITY-ST-ZIP	ORLANDO, FLORIDA 32801
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael A. Romano 1/12/03 (407) 316-8588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)