

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90076 045 ***150.00

DOCUMENT # P98000089144

1. Entity Name

GORDON SCOTT FUSIK, P.A.

Principal Place of Business

8849 LATREC AVENUE
#303
ORLANDO FL 32819

Mailing Address

8849 LATREC AVENUE
#303
ORLANDO FL 32819-7311

2. Principal Place of Business

6732 WINDER LYNNE LN
Suite, Apt. #, etc.

3. Mailing Address

6732 WINDER LYNNE LN
Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

Country

32819

Zip

Country

32819

4. FEI Number

59-3543553

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FUSIK, GORDON SCOTT
8849 LATREC AVENUE
#303
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name: FUSIK, GORDON SCOTT
Street Address (P.O. Box Number is Not Acceptable):
6732 WINDER LYNNE LN
City: ORLANDO FL Zip Code: FL 32819

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)

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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	D	<input type="checkbox"/> Delete
NAME	FUSIK, GORDON SCOTT	
STREET ADDRESS	8849 LATREC AVENUE #303	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	FUSIK, GORDON SCOTT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FUSIK, GORDON SCOTT		
STREET ADDRESS	6732 WINDER LYNNE LN		
CITY-ST-ZIP	ORLANDO, FL 32819		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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 #

GORDON S FUSIK 3128100 (407) 822-7385

CF 1 034 (9/99)