2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000089144 1. Entity Name GORDON SCOTT FUSIK, P.A.

Principal Place of Business

Mailing Address

6732 WINDER LYNNE LANE ORLANDO FL 32819

6732 WINDER LYNNE LANE ORLANDO FL 32819

2.	Principa	I Place	of	Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

6. Name and Address of Current Registered Agent

Country

Mar 21, 2001 8:00 am **Secretary of State**

03-21-2001 90046 005 ***150.00

OPOCOUUA



DO NOT WRITE IN THIS SPACE

Fee Required 7. Name and Address of New Registered Agent

5. Certificate of Status Desired

59-3543553

FUSIK, GORDON SCOTT 6732 WINDER LYNNE LANE ORLANDO FL 32819

Street Address (P.O. Box Number is Not Acceptable)

4. FEI Number

City

(NOTE: Registered Agent signature required when reinstating)

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

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

Tax filing requirement and elects to do so.

9. This corporation is eligible to satisfy its Intangible

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For

\$8.75 Additional

Not Applicable

(See criteria on back) Make Check Payable to Department of State ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change TITLE ☐ Delete TITLE **FUSIK, GORDON SCOTT** NAME NAME 6732 WINDER LYNN 8849 LATREC AVENUE #303 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32819 ORLANDO FL 32819 ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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:

CR2E034 (10/00)