

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90077 049 \*\*\*150.00

**DOCUMENT # P98000092236**

1. Entity Name  
**GLORIA SEIDULE, P.A.**

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Principal Place of Business      Mailing Address  
**5308 S.W. AVILA COURT**      **5308 S.W. AVILA COURT**  
**PALM CITY FL 34990**      **PALM CITY FL 34990-7928**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**759 S. FEDERAL HWY**      **759 S. FEDERAL HWY.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**SUITE 304**      **SUITE 304**

City & State      City & State  
**STUART, FL**      **STUART, FL**

Zip      Country      Zip      Country  
**34994**      **US**      **34994**      **US**

4. FEI Number      Applied For  
**65-0890077**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**FILINGS, INC.**  
**3732 N.W. 16TH STREET**  
**FT. LAUDERDALE FL 33311-4132**

Name      **GLORIA SEIDULE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5308 S.W. AVILA CT.**  
 City      State      Zip Code  
**PALM CITY**      **FL**      **34990**

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 *Gloria Seidule*      **GLORIA SEIDULE, PRESIDENT**      DATE **3-2-00**  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.     

**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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SEIDULE, GLORIA</b> <b>5308 S.W. AVILA COURT</b> <b>PALM CITY FL 34990</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Gloria Seidule*      **GLORIA SEIDULE**      DATE **3-2-00**      Daytime Phone # **561)387-1220**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)