

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90185 042 \*\*\*150.00

**DOCUMENT # P98000107904**  
 1. Entity Name  
**WILLIAM P. BATTAGLIA, P.A.**

Principal Place of Business <b>100 LINCOLN AVE. WINTER PARK FL 32789</b>	Mailing Address <b>P.O. BOX 3010 WINTER PARK FL 32790-3010</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>250 Park Ave.</b>	3. Mailing Address
Suite, Apt. #, etc. <b>Suite 630</b>	Suite, Apt. #, etc.
City & State <b>Winter Park, FL</b>	City & State
Zip <b>32789</b>	Country <b>Orange</b>

4. FEI Number <b>59-3548239</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BATTAGLIA, WILLIAM P  
 100 LINCOLN AVE.  
 WINTER PARK FL 32789**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**250 Park Ave.**  
 Suite 630  
 City **Winter Park** **FL** Zip Code **32789**

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 W.P. Battaglia DATE 4/28/2000  
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PST BATTAGLIA, WILLIAM P P.O. BOX 3010 N/A WINTER PARK FL 32790-3010</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>250 Park Ave., Suite 630 Winter Park, FL 32789</b>
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"/> Change <input type="checkbox"/> Addition
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"/> 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: W.P. Battaglia **COURED** DATE 4/28/2000 DAYTIME PHONE # 407-622-1700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #