

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90160 050 ***150.00

DOCUMENT # P99000001985

1. Entity Name
CARL D. MOTES, P.A.



Principal Place of Business
3191 MAGUIRE BLVD 3751 Maguire Blvd P O BOX 149205
SUITE 100 104 ORLANDO FL 32802-0420 32814-9205
ORLANDO FL 32803-3789

10028901



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
3751 Maguire Blvd.

3. Mailing Address
P O Box 149205

Suite, Apt. #, etc.
Suite 104

Suite, Apt. #, etc.

City & State
Orlando FL

City & State
Orlando FL

4. FEI Number
59-3551182

Applied For
Not Applicable

Zip
32803-3789

Country
Orange

Zip
32814-9205

Country
Orange

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

6. Name and Address of Current Registered Agent

MOTES, CARL D
9460 THURLOE PLACE
ORLANDO FL 32827

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-29-03

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MOTES, CARL D
9460 THURLOE PLACE
ORLANDO FL 32827

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-03 407 897 6909

Date

Daytime Phone #

CR2E034 (10/02)