

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90219 025 ***150.00

DOCUMENT # P99000002782

1. Entity Name
FLORIDA RETAIL SPECIALISTS, INC.



Principal Place of Business
**2124 WHISPER LAKES BOULEVARD
ORLANDO FL 32837**

Mailing Address
**2124 WHISPER LAKES BOULEVARD
ORLANDO FL 32837**

2. Principal Place of Business
**6700 Conroy Rd
Suite, Apt. #, etc.
Suite 230**

3. Mailing Address
**6700 Conroy Rd.
Suite, Apt. #, etc.
Suite 230**

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number
59-3550927

Applied For
Not Applicable

Zip
32835 Country
U.S.

Zip
32835 Country
U.S.

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

**HOLZHAUER, GREGORY L
250 PARK AVENUE SOUTH
5TH FLOOR
WINTER PARK FL 32789**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D CHARRON, ALAN C
2124 WHISPER LAKES BOULEVARD
ORLANDO FL 32837** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D Charron, Alan C.
6700 Conroy Rd. Suite 230
Orlando, FL 32835** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D KAPLUS, ROBERT A
2124 WHISPER LAKES BOULEVARD
ORLANDO FL 32837** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D Kaplus, Robert A.
6700 Conroy Rd. Suite 230
Orlando, FL 32835** ☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Delete

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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 REQUIRED Alan Charron 1-24-03 407-291-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)