

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000010011

1. Entity Name

EILEEN DUVA, P.A.

FILED

Mar 29, 2000 8:00 am  
Secretary of State

03-29-2000 90027 030 \*\*\*150.00

Principal Place of Business

124 EAST WELBOURNE AVE. STE. 6  
WINTER PARK FL 32789

Mailing Address

124 EAST WELBOURNE AVE. STE. 6  
WINTER PARK FL 32789-4395

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FFL Number

59-3555614

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GIRNUN, MORRIS A  
124 EAST WELBOURNE AVE. STE. 6  
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

Eileen Duva

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

124 East Welbourne Ave S-6

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

Signature, typed or printed name of registered agent and used 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

D  
DUVA, EILEEN  
124 EAST WELBOURNE AVE., S-6  
WINTER PARK FL 32789

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PVPST

☒ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ 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:

*Eileen Duva*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-00

Date

Daytime Phone #

CR2E034 (3/93)