

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 91000 017 ***150.00

DOCUMENT # P99000017481.

1. Entity Name

~~BRADLEY J. DAVIS, P.A.~~

FLORIDA LEGAL GROUP P.A.

N/C
filed
11/12/00
WMD

Principal Place of Business

Mailing Address

7491 CONROY WINDERMERE RD
SUITE C
ORLANDO FL 32835

7491 CONROY WINDERMERE RD
SUITE C
ORLANDO FL 32835

A0006884



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

538 VIRGINIA DRIVE

P.O. Box 1058

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORLANDO, FLA

ORLANDO, FLA

4. FEI Number

APPLIED FOR

Applied For

59-3643955

Not Applicable

Zip

Country

Zip

Country

32803

USA

32801

USA

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

DAVIS, BRADLEY J
200 S. ORANGE AVE., STE. 1220
ORLANDO FL 32801

Name Thomas P. Moss

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

538 VIRGINIA DRIVE

City ORLANDO

FL

Zip Code 32803

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-2-01

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, 2001 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	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, BRADLEY J	
STREET ADDRESS	200 S. ORANGE AVE., STE. 1220	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT/T/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS P. MOSS	
STREET ADDRESS	538 VIRGINIA DRIVE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-3-01 407-898-7075

CR2E034 (10/00)