

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024707

1. Entity Name

THE LAW OFFICE OF ERIC J. DIRGA, P.A.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90281 006 ***150.00

Principal Place of Business Mailing Address
1 SOUTH ORANGE AVENUE 1 SOUTH ORANGE AVENUE
SUITE 304 SUITE 304
ORLANDO FL 32801 ORLANDO FL 32802-2207

2. Principal Place of Business 3. Mailing Address
1 South Orange Ave. P.O. Box 2207
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 305

City & State City & State
Orlando FL Orlando, FL

Zip Country Zip Country
32801 ORANGE 32802-2207 ORANGE



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-3565493 Not Applicable

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

6. Name and Address of Current Registered Agent
DIRGA, ERIC J
1 SOUTH ORANGE AVENUE
SUITE 304
ORLANDO FL 32801

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.

SIGNATURE 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIRGA, ERIC J		NAME	ERIC S. DIRGA	
STREET ADDRESS	1 SOUTH ORANGE AVENUE		STREET ADDRESS	1 South Orange Ave. Suite 305	
CITY-ST-ZIP	ORLANDO FL 32801		CITY-ST-ZIP	Orlando, FL 32801	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Eric J. Dirga* 1-13-00 (407) 872-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)