


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90155 012 \*\*\*150.00

**DOCUMENT # P99000027808**

1. Entity Name  
**DENNIS A CHEN, P.A.**



Principal Place of Business  
**6849 WEST COLONIAL DRIVE  
ORLANDO FL 32818**

Mailing Address  
**P.O. BOX 1309  
OCOOE FL 34761**



2. Principal Place of Business  
**5401 S. Kirkman Rd, #310**

Suite, Apt. #, etc.  
**Suite 310**

City & State  
**Orlando, Florida**

Zip  
**32819**

Country  
**USA**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3565295**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CHEN, DENNIS A  
6849 WEST COLONIAL DRIVE  
ORLANDO FL 32818**

7. Name and Address of New Registered Agent

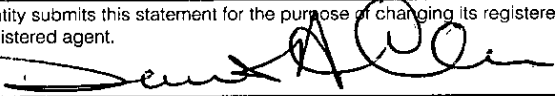
Name  
**Dennis A. Chen**

Street Address (P.O. Box Number is Not Acceptable)  
**5401 S. Kirkman Rd, #310**

City  
**Orlando**

FL Zip Code  
**32819**

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  **Dennis A. Chen** DATE **2/6/03**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CHEN, DENNIS A</b>	
STREET ADDRESS	<b>1191 VICKERS LANE DRIVE</b>	
CITY-ST-ZIP	<b>OCOOE FL 34761</b>	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHEN, DENNIS A</b>	
STREET ADDRESS	<b>1191 VICKERS LAKE DRIVE</b>	
CITY-ST-ZIP	<b>OCOOE, FL 34761</b>	
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		

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:  DATE **2/6/03** DAYTIME PHONE # **(407)290-9902**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Dennis A. Chen, President**

CR2E034 (10/02)