

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-10-2003 90057 004 \*\*\*150.00

0120365 AV

**DOCUMENT # P99000048964**

1. Entity Name  
**LAW OFFICE OF WILLIAM D. UMANSKY, P.A.**



Principal Place of Business  
**1601 E. AMELIA STREET  
ORLANDO FL 32803**

Mailing Address  
**P.O. BOX 533069  
ORLANDO FL 32853-3069**



2. Principal Place of Business  
**1500 East Robinson St.**

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**Orlando, FL**

City & State

4. FEI Number **59-3579207** Applied For  
Not Applicable

Zip **32801** Country **USA**

Zip Country

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

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**UMANSKY, WILLIAM DAVID**  
**1500 E. AMELIA STREET Robinson St**  
**ORLANDO FL 32803**  
**1500**

**7. Name and Address of New Registered Agent**

Name **William D. Umansky**

Street Address (P.O. Box Numbers Not Acceptable)  
**1500 East Robinson St.**

City **Orlando** FL **32801**

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 \_\_\_\_\_  
Signature, hand or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/8/03**

**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	<input type="checkbox"/> Delete
	<b>P UMANSKY, BILL</b>	<b>1419 SPOKANE AVE</b>	<b>3799 Cassard 1500 E. Robinson St</b>	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>President</b>	<b>William D. Umansky</b>	<b>1500 E. Robinson St</b>	<b>Orlando, FL 32801</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Date **1-8-03** Daytime Phone #

CR2E034 (10/02)