2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P99000051284 **DOCUMENT #**

1. Entity Name

HELLER & FRIEDMAN, P.A.



FILED Feb 27, 2003 8:00 am Secretary of State

02-27-2003 90180 045 ***150.00

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Principal Place 2507 EDGEW ORLANDO FL	•	Mailing Address 2507 EDGEWATER ORLANDO FL 3280							
2. Principal Place of Business		3. Mailing Address		· · · · · ·					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF I	MAKING CH	ANGES	5	
City & State		City & State			4. F	4. FEI Number 59-3584987		\vdash	Applied For
Zip	Country	Zip	Cour	ntry	5. C	ertificate of Status Desired	□ \$8.		iditional
	6. Name and Address of Curre	nt Registered Agent		1	7. N	ame and Address of New Regi			
				Name					
HELLER, RICHARD A				The second secon					
2507 EDGEWATER DR.				Street Addres	ss (P.O. Bo	x Number is Not Acceptable)			
OHLANDO	O FL 32804								
				City			FL 7	Zip Cod	de
	a named entity submits this statement	for the purpose of chang	ing its register	red office or regis	stered age	nt, or both, in the State of Florida	a. I am famili	ar with	, and accept
the obligat	tions of registered agent.								
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SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Registere	ed Agent signature requ	uired when rein	nstating)	DATE		
F	Signature, typed or printed name of registered age FILE NOW!!! FEE IS \$150.00		(NOTE: Registere	ed Agent signature requ	uired when rein	9. Election Campaids Finance		\$5.0	00 May Be
F Afte	Signature, typed or printed name of registered age FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0	o	(NOTE: Registere	ed Agent signature requ	uired when rein	house the same of			00 May Be
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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 addiess, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7/P

NAME

☐ Delete

REDard A. Heller 2-24-03

407-649-7700

☐ Change

☐ Addition