

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State
 05-03-2002 90037 038 ***150.00

DOCUMENT # P99000053389

1. Entity Name
MELINDA S. JERSON, P.A.

Principal Place of Business
14128 CHASEWAY LANE, #1916
ORLANDO FL 32837-4885
US

Mailing Address
14128 CHASEWAY LANE, #1916
ORLANDO FL 32837-4885
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (one word)
239 Longview Ave.venue

3. Mailing Address (one word)
239 Long View Avenue

Suite, Apt. #, etc.
12311

Suite, Apt. #, etc.
12311

City & State
Celebration, FL

City & State
Celebration, FL

4. FEI Number **59-3581844**

Applied For
 Not Applicable

Zip Country
34747 USA

Zip Country
34747 USA

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

6. Name and Address of Current Registered Agent

SWART, HARRY J CPA
717 EAST OAK STREET
KISSIMMEE FL 34744

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, 2002 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 **PSD**
 NAME **JERSON, MELINDA S**
 STREET ADDRESS **14128 CHASEWAY LANE, #1916**
 CITY-ST-ZIP **ORLANDO FL 32837-4885**

TITLE
 NAME
 STREET ADDRESS **239 Long View Avenue, #12311**
 CITY-ST-ZIP **Celebration, FL 34747**

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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:

MELINDA S. JERSON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02 **(321) 945-2428**
 Date Daytime Phone #

CR2E034 (9/01)