

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065285

1. Entity Name

MARY E. LYTLE, P.A.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90059 016 ***150.00

Principal Place of Business

320 N. MAGNOLIA AVE.
 ORLANDO FL 32801

Mailing Address

320 N. MAGNOLIA AVE.
 ORLANDO FL 32801-1624

2. Principal Place of Business

1500 E. Robinson Street

3. Mailing Address

P.O. Box 3351

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Orlando, FL

City & State
 Orlando, FL

4. FEI Number
 59-3593222

Applied For

Not Applicable

Zip
 32801

Country
 USA

Zip
 32802

Country
 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LYTLE, MARY E
 320 N. MAGNOLIA AVE.
 ORLANDO FL 32801

Name
 Lytle, Mary E.

Street Address (P.O. Box Number is Not Acceptable)
 1500 E. Robinson Street

City
 Orlando

FL

Zip Code
 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.

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 LYTLE, MARY E ESQ.
 320 N. MAGNOLIA AVE.
 ORLANDO FL 32801 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 President
 Lytle, Mary E. Esq.
 1500 E. Robinson Street
 Orlando, FL 32801 ☒ Change ☐ Addition

TITLE
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 CITY-ST-ZIP
☐ Delete

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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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:

Mary E. Lytle
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary E. Lytle 4/24/00 (407) 228-1230

Date

Daytime Phone #