

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000071208**

1. Entity Name

**LAW OFFICES OF LOPEZ & LOPEZ, P.A.****FILED**  
**Jul 18, 2000 8:00 am**  
**Secretary of State**

07-18-2000 90012 050 \*\*\*150.00

Principal Place of Business

**421 SOUTH PINE AVENUE  
OCALA FL 34474**

Mailing Address

**421 SOUTH PINE AVENUE  
OCALA FL 34474****A0067951**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**54-3590170**

Applied For

Not Applicable

Zip

Country

Zip

Country

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****LOPEZ, ANDREW L  
421 SOUTH PINE AVENUE  
OCALA FL 34474**

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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>President Andrew Lopez 421 S. Pine Ave Ocala FL 34474</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURE REVIEWED Lopez**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**7-12-00**

Date

**352-402-0444**

Daytime Phone #

P99000071208

A0067451

## LOPEZ & LOPEZ, P.A.

### Trial Attorneys

#### Andrew L. Lopez

David B. MacWilliams, Disability Analyst  
Post Office Box 4200  
421 South Pine Avenue  
Ocala, FL 34478-4200  
(352) 402-0444  
Fax (352) 351-8054

*Please Respond to Florida*

#### David M. Lopez

Sophia O. Gribbin, CLA  
2100 Riverside Parkway  
Suite 119, #312  
Lawrenceville, GA 30043  
(770) 338-7132  
Fax (770) 682-1838

July 12, 2000

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: Uniform Business Report

To Whom it May Concern:

Please be advised that I am in receipt of my Second Notice for the 2000 Uniform Business Report. However, my office never received the First Notice. I am enclosing the Report along with a check in the amount of \$150.00 payable to Department of State. This is the instructions I received from Janice at your office.

Should you have any questions, please call Melissa at my office.

Sincerely,



Andrew L. Lopez  
For the Firm

Enclosure