## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED** May 14, 2002 8:00 am Secretary of State DOCUMENT # P99000088137 1. Entity Name 05-14-2002 90299 008 \*\*\*150.00 SARAH BIRD, P.A., ATTORNEY AT LAW Principal Place of Business Mailing Address 1000 E. ROBINSON ST. 1000 E. ROBINSON ST. ORLANDO FL 32801 ORLANDO FL 32801 2. Principal Place of Business 3. Mailing Address 4812 BIG Same #2 Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3627520 ORLANDO Not Applicable Country Zip Country \$8.75 Additional 32806 5. Certificate of Status Desired JSA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BIRD, SARAH Street Address (P.O. Box Number is Not Acceptable) 1000 E. ROBINSON ST. ORLANDO FL 32801 City Zip Code 8. The above name entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. distered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition NAME BIRD, SARAH NAME STREET ADDRESS 1000 E. ROBINSON ST. STREET ADDRESS ORLANDO FL 32801 CITY-ST-ZIP CITY-ST-7IP ☐ Addition Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.