

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2001 8:00 am**  
**Secretary of State**

01-16-2001 90081 018 \*\*\*150.00

**DOCUMENT # P99000089195**

1. Entity Name  
**VICTOR J. MUSLEH, JR., P.A.**


Principal Place of Business      Mailing Address  
**7 EAST SILVER SPRINGS BLVD. #103**      **7 EAST SILVER SPRINGS BLVD. #103**  
**OCALA FL 34470**      **OCALA FL 34470**

2. Principal Place of Business      3. Mailing Address  
**907 S.E. 3rd Avenue**      **P.O. Box 1866**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Ocala, FL**      **Ocala, FL**  
 Zip      Country      Zip      Country  
**34471**      **Marion**      **34478-1866**      **Marion**

6. Name and Address of Current Registered Agent  
**MUSLEH, VICTOR J JR.**  
**7 EAST SILVER SPRINGS BLVD #103**  
**OCALA FL 34470**  
**907 S.E. 3rd Avenue**  
**Ocala, FL 34471**

**00003483**

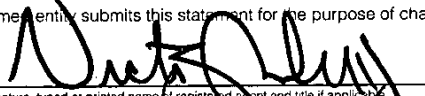


DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For  
**59-3602086**      ☐ Not Applicable  
 5. Certificate of Status Desired      ☐ **\$8.75** Additional Fee Required

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.

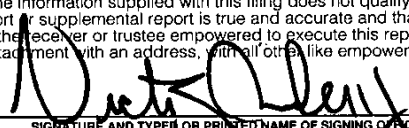
SIGNATURE  DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**  
 After MAY 1, 2001 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	<b>D</b> <b>MUSLEH, VICTOR J JR.</b> <b>7 EAST SILVER SPRINGS BLVD. #103</b> <b>OCALA FL 34470</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>907 S.E. 3rd Avenue</b> <b>Ocala, FL 34471</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:  **352-732-0600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)