

2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # P99000090685

1. Entity Name

LAW OFFICES OF DAVID STOLLER, P.A.

FILED
May 17, 2000 8:00 am
Secretary of State

03-17-2000 90012 012 ***150.00

Principal Place of Business
520 NORTH HARBOR CITY BLVD.
MELBOURNE FL 32935

Mailing Address
520 NORTH HARBOR CITY BLVD.
MELBOURNE FL 32935-6838

2. Principal Place of Business
5449 S. Semoran Blvd.

3. Mailing Address
Same as #2

Suite, Apt #, etc.
229

Suite, Apt #, etc.

City & State
Orlando, Florida

City & State

Zip
32822

Country
U.S.A

Zip

Country

4. FEI Number
59-3608782

Applied For
Not Applicable

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

HAUCK, TRACY
520 NORTH HARBOR CITY BLVD.
MELBOURNE FL 32935

Name
Tracy Hauck

Street Address (P.O. Box Number is Not Acceptable)
516 N. Harbor City Blvd.

City
Melbourne

FL

Zip Code
32935

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 *Tracy Hauck*
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	President David Stoller 5449 S. Semoran Blvd., Ste. #229 Orlando, Florida 32822	<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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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 appear/s in Block 11 or Block 12 if changed, or on an attachment with an address, or all other like empowered.

SIGNATURE: *David Stoller* **DAVID STOLLER, PRESIDENT** 03.13.00 402-999-0088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/99)