1072

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 NOV 14 AM 8:00

DOCUMENT # P99000094893

1. Entity Name

CHARLES LAWRENCE COBURN, P.A.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Charles Lawrence Coburn, P.A.	Charles Lawrence Coburn, P.A.
Suite, Apt. #, etc.: 1819 TATTENHAM WAY	Suite, Apt. #, etc.: 1819 TATTENHAM WAY
City & State: ORLANDO, FLORIDA	City & State: ORLANDO, FLORIDA
Zip: 32837 Country: U.S.A	Zip: 32837 Country: U.S.A

4. FEI Number: 59-3607776 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Charles Lawrence Coburn

Street Address (P.O. Box Number is Not Acceptable): 1819 TATTENHAM WAY

City: ORLANDO FL Zip Code: 32837

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE
Signature, type or printed name of registered agent and if applicable the office

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	Coburn, Charles L.
STREET ADDRESS	1819 TATTENHAM WAY
CITY-ST-ZIP	ORLANDO, FL. 32837
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles Coburn DIRECTOR 11.3.2003 (321) 948-8882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CHARLES LAWRENCE COBURN, P.A.
1819 Tattenham Way
Orlando, FL 32837

November 3, 2003

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

Re: CHARLES LAWRENCE COBURN, P.A.

To Whom It May Concern:

This is in response to a Reinstatement form that was received recently. We have not received previous notification of the amount for registration due prior to this notice.

Please accept the payment of $150.00 for the original Registration. We request that the Penalties and Dissolution be reversed since we had not received any notice.

We moved and have now received the Reinstatement form.

Your prompt response to this request is greatly appreciated.

Sincerely,

Charles L. Coburn
Director