

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90002 036 ***150.00

DOCUMENT # P99000109229

1. Entity Name

MAHER, GUILLEY AND MAHER, P.A.

Principal Place of Business

**90 E. LIVINGSTON ST., STE. 200
 ORLANDO FL 32801**

Mailing Address

**90 E. LIVINGSTON ST., STE. 200
 ORLANDO FL 32801**

2. Principal Place of Business

631 W. Morse Blvd.

Suite, Apt. #, etc.

Suite 200

3. Mailing Address

631 W. Morse Blvd.

Suite, Apt. #, etc.

Suite 200

City & State

Winter Park, FL

Zip

32789

Country

Orange

City & State

Winter Park, FL

Zip

32789

Country

Orange

4. FEI Number

59-3613807

Applied For

☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MAHER, MICHAEL C

90 E. LIVINGSTON ST., STE. 200

ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

Michael C. Maher

Street Address (P.O. Box Number is Not Acceptable)

631 W. Morse Blvd.

Suite 200

City

Winter Park, FL

FL

Zip Code

32789

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 \$150.00
 After May 1, 2002 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

TITLE ☐ Delete
 NAME **DP**
 STREET ADDRESS **MAHER, MICHAEL C**
 CITY-ST-ZIP **90 E. LIVINGSTON ST., STE. 200
 ORLANDO FL 32801**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **DP**
 STREET ADDRESS **MAHER, MICHAEL C**
 CITY-ST-ZIP **631 W. Morse Blvd. Ste 200
 Winter Park, FL 32789**

TITLE ☐ Change ☒ Addition
 NAME **DS**
 STREET ADDRESS **MAHER, STEVEN R**
 CITY-ST-ZIP **631 W. Morse Blvd. Ste. 200
 Winter Park, FL 32789**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 filers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michael C. Maher

Date

Daytime Phone #

1/22/02 (407) 839-0866

CR2E034 (9/01)