

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S69258

1. Entity Name
LAW OFFICES OF TIMOTHY E. DEPALMA, P.A.

FILED
Jan 09, 2002 8:00 am
Secretary of State

01-09-2002 90015 045 ***150.00

Principal Place of Business
220 NORTH PALMETTO AVENUE
SUITE 220
ORLANDO FL 32801
US

Mailing Address
220 NORTH PALMETTO AVENUE
SUITE 220
ORLANDO FL 32801
US



2. Principal Place of Business
159 LOOKOUT PLACE
Suite, Apt. #, etc.
SUITE 101

3. Mailing Address
159 LOOKOUT PLACE
Suite, Apt. #, etc.
SUITE 101

DO NOT WRITE IN THIS SPACE

City & State
MAITLAND FL

City & State
MAITLAND, FL

Zip
32751

Country
ORANGE

Zip
32751

Country
ORANGE

4. FEI Number
59-3079307

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DEPALMA, TIMOTHY E.
220 NORTH PALMETTO AVENUE
SUITE 220
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name
DE PALMA, TIMOTHY E.

Street Address (P.O. Box Number is Not Acceptable)
159 LOOKOUT PLACE SUITE 101

City
MAITLAND FL Zip Code
32751

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 1/3/02
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 NAME STREET ADDRESS CITY-ST-ZIP	PVTS DEPALMA, TIMOTHY E. 220 NORTH PALMETTO AVENUE SUITE 220 ORLANDO FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	159 LOOKOUT PLACE SUITE 101 MAITLAND, FL 32751	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 empowerers.

SIGNATURE: 1/3/02 (407) 423-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
TIMOTHY E. DEPALMA Daytime Phone #

0080163 AV

CR2E034 (9/01)