

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90158 026 ***150.00

DOCUMENT # S92357

1. Entity Name
AZALEA PARTNERS, INC.



Principal Place of Business
515 N. SEMORAN BLVD
ORLANDO FL 32807

Mailing Address
P.O. BOX 574143
ORLANDO FL 32857-4143

10044474



2. Principal Place of Business
997 RIDGEMOUNT PLACE
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 954058
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
LAKE MARY, FLORIDA
Zip
32746 FLORIDA

City & State
LAKE MARY
Zip
32795
Country
U.S.

4. FEI Number
59-3092849

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

PEREZ, JULIO C.
515 N. SEMORAN BLVD
ORLANDO FL 32807

Name

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

City **LAKE MARY** **FL** Zip Code **32746**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ Delete
NAME **PEREZ, JULIO C**
STREET ADDRESS **997 RIDGEMOUNT PLACE**
CITY-ST-ZIP **LAKE MARY FL 32746**

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

TITLE **SD** ☐ Delete
NAME **PEREZ, EVELYN L**
STREET ADDRESS **997 RIDGEMOUNT PLACE**
CITY-ST-ZIP **LAKE MARY FL 32746**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Julio C. Perez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/03
Date

407-805-9884
Daytime Phone #

CR2E034 (10/02)