2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State
05-10-2000 90095 027 ***150.00

DOCUMENT # S92392

1. Entity Name

LAW OFFICES OF THOMAS A. VAUGHAN II, P.A.

Principal Place of Business	Mailing Address
~~20 NORTH ORANGE AVENUE SUITE 1307 ORLANDO FL 32801~~	~~20 NORTH ORANGE AVENUE SUITE 1307 ORLANDO FL 32801-4605~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
205 E. Central ~~Ave.~~ BLVD	205 E Central ~~Ave.~~ BLVD
Suite, Apt. #, etc. 500	Suite, Apt. #, etc. 500
City & State Orlando Fl.	City & State Orlando Fl.
Zip 32801-1980 Country USA	Zip 32801-1980 Country USA

4. FEI Number 59-3096097 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~VAUGHAN, THOMAS A., II~~
~~20 NORTH ORANGE AVENUE~~
~~SUITE 1307~~
~~ORLANDO FL 32801~~

7. Name and Address of New Registered Agent

Name Thomas A Vaughan II
Street Address (P.O. Box Number is Not Acceptable) 205 E. Central ~~Ave~~ BLVD
Suite 500
City Orlando FL Zip Code 32801-1980

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] 1/10/00
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	PDST VAUGHAN, THOMAS A., II 20 N ORANGE AVE #1307 ORLANDO FL 32801 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 205 E. CENTRAL BLVD, STE 500 ORLANDO FL 32801-1980
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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 empowered.

SIGNATURE: [signature] SIGNATURE REQUIRED 1/10/00 407 648 4535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #