## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #

1. Entity Name



FILED Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90213 012 \*\*\*150.00

GLICKSTEIN, LAVAL, CARRIS, LEVITT, LOOMIS & DANT UMA, P.A. Principal Place of Business Mailing Address 850 CONCOURSE PKWY. SOUTH P O BOX 940849 STF 150 MAITLAND FL 32794 MAITLAND FL 32751 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3094260 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent ~7.- Name and Address of New Registered Agent -Name GLICKSTEIN, MARTIN R. Street Address (P.O. Box Number is Not Acceptable) 850 CONCOURSE PARKWAY SOUTH, SUITE 150 MAITLAND FL 32751 City Zip Code 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 9. Election Campaign Financing **\$5.00** мау Ве Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition LAVAL, RODNEY S. NAME NAME 850 CONCOURSE PARKWAY SOUTH, SUITE 150 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MAITLAND FL 32751 CITY-ST-7IP ☐ Delete TITLE ☐ Addition Change NAME GLICKSTEIN, MARTIN R NAME STREET ADDRESS 850 CONCOURSE PRKWY SOUTH, STE 150 STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789 CITY-ST-ZIP TITLE PD ☐ Defete TITLE ☐ Change ☐ Addition NAME CARRIS, W. NEAL STREET ADDRESS 850 CONCOURSE PKWY SOUTH, STE 150 STREET ADDRESS CITY-ST-ZIP MAITLAND FL 32751 CITY-ST-ZIP TD TITI F ☐ Delete TITLE ☐ Change ☐ Addition DANTUMA, MARY C NAME NAME 850 CONCOURSE PRKWY SOUTH, 150 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF MAITLAND FL 32751 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition LOOMIS, JAMES M. NAME NAME 850 CONCOURSE PKWY SOUTH, 150 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MAITLAND FL 32751 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

GLICKSTEIN