

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V61828

1. Entity Name

CENTRAL FLORIDA FIRST ASSISTANTS, P.A.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90388 032 ***150.00

Principal Place of Business

1462 COVE HILL CT.
LONGWOOD FL

Mailing Address

1462 COVE HILL CT.
LONGWOOD FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3147112**

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

MURRAY, JOE
1462 COVE HILL CT.
LONGWOOD FL

Name

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

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.

SIGNATURE

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

(NOTE: Registered Agent Signature required when registering)

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	MURRAY, JOE	
STREET ADDRESS	1462 COVE HILL CT.	
CITY-STATE-ZIP	LONGWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WAGNER, BRUCE	
STREET ADDRESS	1410 CANAL POINT RD	
CITY-STATE-ZIP	LONGWOOD FL 32750	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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 like empowered.

SIGNATURE:

Joseph J. Murray
Joseph J. Murray
Vice President

4/23/01

407 339-3190

Date

Phone Number

CR2E034 (10/00)