

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90101 012 \*\*\*150.00

0461957

**DOCUMENT # P92000002016**

1. Entity Name

**SEIFERT, MILLER & SLUSHER, P.A.**

Principal Place of Business

Mailing Address

401 W COLONIAL DRIVE  
 6  
 ORLANDO FL 32803  
 US

P.O. BOX 552  
 ORLANDO FL 32802  
 US

100490



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3147854**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SEIFERT, SCOTT P**  
**401 W COLONIAL DRIVE**  
**ORLANDO FL 32802**

Name

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

City

**FL**

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 reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

**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	SEIFERT, SCOTT P	
STREET ADDRESS	814 KAYWOOD DR	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, JEFFREY A	
STREET ADDRESS	811 E. PINE ST	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	SLUSHER, TERRY A	
STREET ADDRESS	3301 RAEFORD RD	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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-ST-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 a title like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Scott Seifert*

Date

Daytime Phone #

1/16/01 (407) 423-0008

CR2E034 (10/00)