

CK 0578

1. Name of company or name of individual (not fictitious name or d/b/a): William Reilly \$100.00

2. Name under which applicant will do business (fictitious name, etc.): William Reilly MC

3. Official mailing address:  
Street: 982 Vineridge Run #301  
P.O. Box: \_\_\_\_\_  
City: Altamonte Springs  
State: Florida Zip: 32714

4. Florida address:  
Street: 982 Vineridge Run #301  
P.O. Box: \_\_\_\_\_  
City: Altamonte Springs  
State: Florida Zip: 32714

5. Structure of organization:

Individual

Corporation

General Partnership

Limited Partnership

Other: \_\_\_\_\_

DEPOSIT

DATE

D 1 93

MAR 22 2002

6. If incorporated in Florida, provide proof of authority to operate in Florida:

Florida Secretary of State

Corporate Registration Number: Not Incorporated

Form PSC/CMU-32 (02/99)  
Required by Commission Rule Nos. 25-24.510 & 25-24.511  
File Name: cmu-32.doc

- AUS \_\_\_\_\_
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- GCL \_\_\_\_\_
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