

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90103 037 \*\*\*150.00

**DOCUMENT # P01000000569**

1. Entity Name  
**JOHN A. LELLAND, P.A.**

Principal Place of Business  
~~C/O KELLY & KELLY CPAs, PA~~  
~~3020 N FEDERAL HWY SUITE 118~~  
~~FT LAUDERDALE FL 33306~~

Mailing Address  
~~C/O KELLY & KELLY CPAs, PA~~  
~~3020 N FEDERAL HWY SUITE 118~~  
~~FT LAUDERDALE FL 33306~~



2. Principal Place of Business  
**605 NE 9 AVE**

3. Mailing Address  
**605 NE 9 AVE**

DO NOT WRITE IN THIS SPACE

City & State  
**FL Landerdale FL**

4. FEI Number  
**65-1065323**

5. Certificate of Status Desired  **65-1065323**  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**LELLAND, JOHN A**  
~~C/O KELLY & KELLY CPAs, PA~~  
~~3020 N FEDERAL HWY SUITE 118~~  
~~FT LAUDERDALE FL 33306~~

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**605 NE 9 AVE**  
 City **FL Landerdale** Zip Code **33304**

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 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LELLAND, JOHN A</b> <b>3020 N FEDERAL HWY SUITE 118</b> <b>FT LAUDERDALE FL 33306</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>605 NE 9 AVE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>FL Landerdale FL 33304</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DATE **4/18/02** Daytime Phone # **954 522 0606**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)