## **2001 UNIFORM BUSINESS REPORT (UBR)**

of the corporation or the changed, or on an atta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

SIGNATURE:

## May 19, 2001 8:00 am<sup>5</sup> Secretary of State DOCUMENT # **P94000037796** 1. Entity Name 05-19-2001 90274 019 \*\*\*150.00 DEEM AND ASSOCIATES, INC. Principal Place of Business Mailing Address 8501 CONTOURA DRIVE 8501 CONTOURA DRIVE 0 0 0 X O X ORLANDO FL 32810 ORLANDO FL 32810 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3374072 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEEM, WILLIAM J Street Address (P.O. Box Number is Not Acceptable) 8501 CONTOURA DRIVE ORLANDO FL 32810 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Addition TITLE Change TITLE D ☐ Delete NAME NAME DEEM, WILLIAM J STREET ADDRESS STREET ADDRESS 8501 CONTOURA DRIVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32810 Change Addition □ Detete TITLE TITLE NAME NAME DEEM, CAROLYN L STREET ADDRESS STREET ADDRESS 8501 CONTOURA DRIVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32810 Change ☐ ·Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 13. I hereby certify that the information supplied with the 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 emprovered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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