2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

01 MAY 18 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

0028204

DOCUMENT # P96000021391

1. Entity Name
LIPTON INSURANCE EXAMS, INC.

Principal Place of Business	Mailing Address
7021 SPENCER DRIVE TALLAHASSEE FL 32312	7021 SPENCER DRIVE TALLAHASSEE FL 32312

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 59-3373752 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LIPTON, BESS
7021 SPENCER DRIVE
TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent

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. (NOT Registered Agent signature required when reinstating) 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P LIPTON, BESS 7021 SPENCER DR TALLAHASSEE FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300004274473--7 -05/21/01--01154--021 ****158.75 ****158.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LIPTON, RON 7021 SPENCER DR TALLAHASSEE FL ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: [signature] 5-18-01 422-2818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D9292

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5/18/01

To Whom It May Concern:

Due to a death in the family, I have been out of town since April and was unable to send the annual renewal corporation forms in on a timely basis. Any consideration you can extend to us would be greatly appreciated.

Sincerely,

Ronald Lipton