## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 12, 2002 8:00 am P99000052289 DOCUMENT # **Secretary of State** 1. Entity Name 02-12-2002 90109 040 \*\*\*150.00 WE THREE OF TALLAHASSEE, INC. Principal Place of Business Mailing Address 2374 CAPITAL CIRCLE, N.E. 2374 CAPITAL CIRCLE, N.E. TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3588902 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JOHNSON, LAURA B Street Address (P.O. Box Number is Not Acceptable) 2374 CAPITAL CIRCLE, N.E. TALLAHASSEE FL 32308 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition CR2E034 (9/01) ☐ Change ☐ Delete TITLE TITLE NAME NAME JOHNSON, LAURA B STREET ADDRESS 609 LIVE OAK PLANTATION RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME PARKS. MARCIA E STREET ADDRESS STREET ADDRESS 3405 MORRISON AVE. CITY-ST-ZIP CITY-ST-7IP **TAMPA FL 33629** ☐ Change Addition ☐ Delete TITLE NAME NAME BLANK, DEANNA STREET ADDRESS STREET ADDRESS 6079 HEARTLAND CIR. CITY-ST-ZIP CITY-ST-ZIF TALLAHASSEE FL 32312 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 nt with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachn

SIGNATURE: