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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

## Feb 02, 2001 8:00 am Secretary of State DOCUMENT # P99000102686 P.A. LETHBRIDGE & CO. COMMERCIAL REAL ESTATE SER 02-02-2001 90296 028 \*\*\*150.00 Principal Place of Business Mailing Address 100 S. PINE ISLAND RD., SUITE 200 100 S. PINE TSTAND BD. SUITE 200 PLANTATION FL 33324 PLANTATION FL 33324 2. Principal Place of Business 3. Mailing Address 6301 SW Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0966757 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired 1981 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LETHBRIDGE, BARRY Street Address (P.O. Box Number is Not Acceptable) 100 S. PINE ISLAND RD., SUITE 200 PLANTATION FL 33324 Zip Code 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 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition Change PSTD TITLE ☐ Delete TITLE LETHBRIDGE, BARRY NAME NAME STREET ADDRESS STREET ADDRESS 100 S. PINE ISLAND RD., SUITE 200 CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change \_ 🔲 Delete TITI F 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-ZIE CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 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 of 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.

**FILED**