

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90156 014 \*\*\*150.00

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**DOCUMENT # S02865**

1. Entity Name  
**1206 LEE ROAD, INC.**



Principal Place of Business  
**741 S. ORANGE AVE  
ORLANDO FL 32810**

Mailing Address  
**1206 LEE ROAD  
ORLANDO FL 32810  
US**



2. Principal Place of Business  
**1206 Lee Rd.**

3. Mailing Address  
**Same ok**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Orlando, FL.**

City & State

Zip  
**32810**

Country  
**USA**

4. FEI Number  
**59-3033906**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**POLLOCK, JEFFREY  
741 S. ORANGE AVE  
ORLANDO FL 32810**

7. Name and Address of New Registered Agent

Name  
**Jeffrey Pollock**

Street Address (P.O. Box Number is Not Acceptable)  
**1206 Lee Rd.**

City  
**Orlando, FL**

Zip Code  
**32810**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Jeffrey Pollock DATE 1/9/03

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP POLLOCK, TINA M 741 S. ORANGE AVE ORLANDO FL 32810</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVPS POLLOCK, JEFFREY V 741 S. ORANGE AVE ORLANDO FL 32810</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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Jeffrey J. Pollock 1206 Lee Rd. Orlando, FL 32810</b>	<input checked="" 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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jeffrey Pollock DATE 1/9/03 DAYTIME PHONE # 407-298-4010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)