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## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

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## Feb 03, 2003 8:00 am **Secretary of State** S02865 DOCUMENT # 1. Entity Name 02-03-2003 90156 014 \*\*\*150.00 1206 LEE ROAD, INC. Principal Place of Business Mailing Address 741-S.-ORANGE AVE 1206 LEE ROAD ORLANDO-FL-32810 ORLANDO FL 32810 2. Principal Place of Business 3. Mailing Address 1500 Same Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-3033906 Orlando Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 2810 ()SA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Kollock POLLOCK, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 741 S. ORANGE AVE 22 -ORLANDO FL 32810 ts registered office or registered agent, or both, in the State of Florida., I am familiar with, and accept 8. The above named entity submits this statement for the purpose of ghanging the obligations of egistered agent SIGNATURE title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ☐ Addition POLLOCK, TINA M-NAME NAME STREET ADDRESS 741 S. ORANGE AVE STREET ADDRESS ORLANDO: FL 32810 CITY-ST-ZIP CITY-ST-ZIP **DVPS** President Change ☐ Addition TITLE ☐ Delete TITLE Yollo CK POLLOCK, JEFFREY V Jeffrey J. NAME STREET ADDRESS 741 S. ORANGE AVE STREET ADDRESS Rd. برو ORLANDO FL 32810 CITY-ST-ZIP CITY-ST-ZIE Orlando. ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLE TITLE ☐ Addition Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 tustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if