

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90040 015 ***150.00

715086

DOCUMENT # 328175 ✓
 1. Entity Name
FILCO, LTD.

Principal Place of Business
**3380 Fairlane Farms Road,
 Suite 1
 Wellington, Florida 33414**

Mailing Address
**3380 Fairlane Farms Road
 Suite 1
 Wellington, Florida 33414**

2. Principal Place of Business
3380 Fairlane Farms Road
 Suite, Apt. #, etc.
Suite 1
 City & State
Wellington, Florida

3. Mailing Address
3380 Fairlane Farms Road
 Suite, Apt. #, etc.
Suite 1
 City & State
Wellington, Florida

4. FEI Number
59-1204655

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**Leemon, P. A.
 3380 Fairlane Farms Road
 Suite 1
 Wellington, Florida 33414**

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 _____ (NOTE: 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, 2000 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 VD | <input type="checkbox"/> Delete | TITLE LEEMON, P.A. | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME LEEMON, P.A. | | NAME | |
| STREET ADDRESS 3380 Fairlane Farms Rd. | | STREET ADDRESS | |
| CITY-ST-ZIP Wellington, FL | | CITY-ST-ZIP | |
| TITLE PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME LEEMON, CHARLES III | | NAME | |
| STREET ADDRESS 15850 Britten Lane | | STREET ADDRESS | |
| CITY-ST-ZIP Wellington, FL | | CITY-ST-ZIP | |
| TITLE STD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME LEEMON, LINDA L. | | NAME | |
| STREET ADDRESS 15850 Britten Lane | | STREET ADDRESS | |
| CITY-ST-ZIP Wellington, FL | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Linda L. Leemon* **Linda L. Leemon** **2-2-2000** **561-753-9999**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)