

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90130 028 ***150.00

DOCUMENT # 433104
1. Entity Name
 Fleming Corporation

Principal Place of Business **Mailing Address**
 Box 7121 Box 7121
 Tampa FL 33673 Tampa FL 33673

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Tampa FL

Zip **Country** **Zip** **Country**
 33673 U.S.A. 33673 U.S.A.

00063023
 DO NOT WRITE IN THIS SPACE
4. FEI Number 59-1677870 **Applied For**
 Not Applicable

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**
 Robert Harris Name
 Eagle Lane Street Address (P.O. Box Number is Not Acceptable)
 Lot 2, FL 33519 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 Robert Harris **DATE** 4/22/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing.)

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, 2001 Fee will be \$250.00
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	Pres	TITLE	
NAME	Robert Harris	NAME	
STREET ADDRESS	Box 7121 Tampa FL 33673	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Robert Harris **DATE:** 4/21/01 **Office Phone #:** 813-426-1726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)