2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jan 23, 2001 8:00 am **DOCUMENT # 604070 Secretary of State** 1. Entity Name ALBERT E. FLETCHER JR., P.A. 01-23-2001 90093 050 ***150.00 Principal Place of Business Mailing Address 2211 NE 36TH STREET-#204 2211 NE 36TH STREET-#204 LIGHTHOUSE POINT FL 33064 LIGHTHOUSE POINT FL 33064 8008220T 2. Principal Place of Business 3. Mailing Address 1201 Lake View Court Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1428336 Greensboro, Ga Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 30642 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent William F. Sullivan FLETCHER, ALBERT E JR Street Address (P.O. Box Number is Not Acceptable) 2211 East Sample Road, Suite 204 2750 NE 29TH STREET LIGHTHOUSE POINT FL 33064 City Zip Code 33064 Lighthouse Point 8. The above named entity submits this statemen for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1/8/01 SIGNATURE registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 X Change Addition BILE ☐ Delete Fletcher, Albert E. Jr. FLETCHER .ALBERT E JR 1201 Lake View Court STREET ADDRESS 2750 NE 29TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 Greensboro, Ga 30642 XI Change TITLE ☐ Delete ☐ Addition FLETCHER .ALBERT E JR NAME Fletcher, Albert E. Jr. NAME STREET ADDRESS 2750 NE 29TH STREET STREET ADDRESS 1201 Lake View Court CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 CITY-ST-ZIP Greensboro, Ga 30642 _-_ _ Change ☐ Addition TITLE -Delete TITLE - -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ 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.

NAME OF SIGNING OFFICER OR DIRECTOR