2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 02, 2001 8:00 am Secretary of State DOCUMENT # F80257 1. Entity Name LELAND W. WOOTEN, JR., P.A. 02-02-2001 90283 026 ***150.00 Principal Place of Business Mailing Address 670 N COURTENAY PARKWAY 670 N COURTENAY PARKWAY SUITE 7 SUITE 7 749525 MERRITT ISLAND FL 32953 MERRITT ISLAND FL 32953 2. Principal Place of Business 3. Mailing Address <u>335 S. Plumosa</u> Street 335 S. Plumosa Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite E Suite E City & State City & State 4. FEI Number Applied For 59-2170240 Merritt Island, FL Not Applicable <u>Merritt_</u>Island, FL Country \$8.75 Additional 5. Certificate of Status Desired 32952 **USA** USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WOOTEN, LELAN W JR LELAND, not Street Address (P.O. Box Number is Not Acceptable) 670 N COURTENAY PKWY Lelan . STE 7 **MERRITT ISLAND FL 32953** 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 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 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 系统对对外身件分别 2-465 THE THE STATE OF THE STATE OF OFFICERS AND DIRECTORS WITH THE 11. 12. (12.) ** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 44. 管: ☐ Delete wooten, leland w Jr NAME NAME Wooten, Leland W Jr STREET ADDRESS 670 N COURTENAY PKWY STE 7 STREET ADDRESS 335 S. Plumosa St., Suite E CITY-ST-ZIP CITY-ST-ZIP **MERRITT ISLAND FL 32953** Merritt Island, FL 32952 ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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. an address, with all other like empowered.

LEIAND W. WOOTENTA

IGNING OFFICER OR DIRECTOR

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF