FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE: 1

Jun 04, 2002 8:00 am Secretary of State DOCUMENT # G91617 1. Entity Name JIM LECOUNT & ASSOCIATES, INC. 06-04-2002 90202 047 ***150 00 Principal Place of Business Mailing Address 3049 50TH ST S.W. 3049 50TH ST S.W. NAPLES FL 34116 NAPLES FL 34116 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2400971 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LECOUNT, JIM Street Address (P.O. Box Number is Not Acceptable) 3049 50TH ST SW NAPLES FL 34116 City Zip Code FI 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (9/01) ☐ Delete TITLE ☐ Change ☐ Addition LECOUNT, JIM NAME NAME 3049 50TH ST S.W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34116 CITY-ST-ZIP **VS** TITLE ☐ Delete TITLE Change ☐ Addition LECOUNT, DIANE NAME NAME STREET ADDRESS 3049 50TH ST SW STREET ADDRESS NAPLES FL 34116 CITY-ST-7IP CITY-ST-ZIP TITLE-Delete -☐ Change...- ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ 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 TITLE ☐ Delete 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 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