2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **J02310**

1. Entity Name

SIGNATURE:

SIGNATURE AND TYPED OR PRIN

THE LAW OFFICES OF JAMES RICHARD HOOPER, A PROFE

Principal Place of Business Mailing Address 20 NORTH ORANGE AVENUE 20 NORTH ORANGE AVENUE SUITE #1207 SUITE #1207 ORLANDO FL 32801-2414 ORLANDO FL 32801-2414 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 59-2643860 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 HOOPER, JAMES R. Street Address (P.O. Box Number is Not Acceptable) 20 NORTH ORANGE AVENUE **SUITE 1207** ORLANDO FL 32801 City 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) DATE 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE CR2E034 (10/00) ☐ Change Addition HOOPER, JAMES R. NAME 20 NORTH ORANGE AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP TITLE ☐ Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP ☐ Delete TITLE TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIF 7171.5 ☐ Delete TITLE Addition Change 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-7IP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if the place of the grape-wered. 13. I hereby certify that the information supplied with this filir indicated on this report or supplemental report is true an of the corporation or the receiver or trust the empowered. changed, or on an attachment with an

James

NAME OF SIGNING OFFICER OR DIRECTOR

R. Hooper

FILED Mar 01, 2001 8:00 am

Secretary of State

03-01-2001 90006 019 ***150.00

Daytime Phone :