2001 UNIFORM BUSINESS REPORT (UBR)

	UNIFORM B	FILED \$ 5				0032196			
DOCU 1. Entity Nam	MENT # K647 8	32				Jan 24, 2001 8:00 am Secretary of State			
EDWARD	P. FLEMING, P.A.				01-2	4-2001 90071 024 '	***150.00)	
Principal Plac	e of Business	Mailing Address							
C/O EDWARD P. FLEMING 4300 BAYOUR BLVD. STE. 12 & 13 PENSACOLA FL 32503 US		4300 BAYOU RD., S	% EDWARD P. FLEMING 4300 BAYOU RD., STE. 12 & 13 PENSACOLA FL 32503 US			C0008527			
2. Principal F	lace of Business	3. Mailing Addres	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.			O NOT WRITE IN THIS SF	ACE		
City & State		City & State	City & State		4. FEI Number 59	-2923906	- 	olied For Applicable]
Zip Country		Zip			5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of C	urrent Registered Agent		Name	7. Name and Addres	ss of New Registered Ac	jent		1
	IING, EDWARD P. BAYOU BLVD	-	- 2		ss (P.O. Box Number is No	Acceptable)			1
	E 12 & 13				·				}
PENS	SACOLA FL 32503			City		FL	Zip Code	-	1
8. The above	named entity submits this stater	ment for the purpose of chan	ging its registe	ered office or regi	stered agent, or both, in the	e State of Florida.	<u>. </u>		
SIGNATURE	Signature, typed or printed name of registers	ed agent and title if applicable.	(NOTE: Registe	ered Agent signature req	uired when reinstating)	DATE			
9. This corpo	pration is eligible to satisfy its Inta	angible FILE	NOW!!! FE	E IS \$150.00	40 51				1
	requirement and elects to do so. ia on back)	After MA	Y 1, 2001 Fe	e will be \$550.0 Department of \$	00 Trust Fund	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			}
11.		S AND DIRECTORS	12	<u> </u>		GES TO OFFICERS AND D	DIRECTORS	IN 11	}
TITLE	DP	Dele		TLE			Change	☐ Addition	00/
NAME STREET ADDRESS CITY-ST-ZIP	FLEMING, EDWARD P. 4300 BAYOU BLVD., STE 1 PENSACOLA FL	2 & 13	Si	AME TREET ADDRESS TY-ST-ZIP					CR2E034 (10/00)
TITLE	FENOACOLATE	□ Dele	te TI	TLE			Change	Addition	SR2
NAME STREET ADDRESS				ME REET ADDRESS					
CITY-ST-ZIP			, cı	TY-ST-ZIP					
TITLE NAME		☐ Dele		TLE MME			☐ Change	☐ Addition	
STREET ADDRESS	,			REET ADDRESS					
CITY-ST-ZIP			CI	TY-ST-ZIP					
title Name		☐ Dele		rle j Me			Change	☐ Addition	
STREET ADDRESS				REET ADDRESS					
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			TY-ST-ZIP					
TITLE NAME		☐ Dele		rle ime		l	Change	■ Addition	
STREET ADDRESS	Allen The Salter		ST	REET ADDRESS					{
CITY-ST-ZIP				TY-ST-ZIP			70	□ A 3300	
TITLE Name	,	☐ Dele	1 1	ILE .	4 1	[☐ Change	Addition	ĺ
STREET ADDRESS	·		ST	REET ADDRESS					
CITY-ST-ZIP				IY-ST-ZIP		 			
indicated of the cor	certify that the information supplie on this report or supplemental re poration or the receiver or trusted or on an attachmontwith an add	eport is true and accurate an e empowered to execute this	d that my sign report as req	ature shall have t	he same legal effect as if m	iade under oath; that I am	i an officer c	or director	