

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90162 001 *1,411.25

DOCUMENT # K82947

1. Entity Name
U CAN II, INC.

Principal Place of Business

**500 S FLORIDA AVE
 STE 240
 LAKELAND FL 33801
 US**

Mailing Address

**500 S FLORIDA AVE
 STE 240
 LAKELAND FL 33801
 US**

43351



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**500 S. Florida Ave, 4th Floor
 Lakeland, Florida 33801**

3. Mailing Address

**500 S. Florida Ave, 4th Floor
 Lakeland, Florida 33801**

City & State

City & State

4. FEI Number **59-2949550**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HART, JOHN BRIGHAM
 0575 OLD DIXIE HWY.
 ST AUGUSTINE FL 32095**

7. Name and Address of New Registered Agent

Name

500 S. Florida Ave, 4th Floor

Street Address (P.O. Box Number is Not Applicable)

Lakeland, Florida 33801

City

FL

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 Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
 NAME **HART, JOHN BRIGHAM**
 STREET ADDRESS **500 S FLORIDA AVE STE 240**
 CITY-ST-ZIP **LAKELAND FL 33801**

TITLE **500 S. Florida Ave, 4th Floor** ☒ Change ☐ Addition
 NAME **Lakeland, Florida 33801**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DST** ☐ Delete
 NAME **HART, LITA**
 STREET ADDRESS **500 S FLORIDA AVE STE 240**
 CITY-ST-ZIP **LAKELAND FL 33801**

TITLE **500 S. Florida Ave, 4th Floor** ☒ Change ☐ Addition
 NAME **Lakeland, Florida 33801**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **EVP** ☐ Delete
 NAME **WELLS, MARK A**
 STREET ADDRESS **500 S FLORIDA AVE STE 240**
 CITY-ST-ZIP **LAKELAND FL 33801**

TITLE **500 S. Florida Ave, 4th Floor** ☒ Change ☐ Addition
 NAME **Lakeland, Florida 33801**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **AS** ☐ Delete
 NAME **FITTERMAN, BARRY M**
 STREET ADDRESS **500 S FLORIDA AVE STE 240**
 CITY-ST-ZIP **LAKELAND FL 33801**

TITLE **500 S. Florida Ave, 4th Floor** ☒ Change ☐ Addition
 NAME **Lakeland, Florida 33801**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)