

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90011 018 ****50.00

DOCUMENT # L00000002687

1. Entity Name
ATTRIDGE, COHEN & LUCAS, P.L.

Principal Place of Business Mailing Address
7136 LITTLE RD. **7136 LITTLE RD.**
NEW PORT RICHEY FL 34654 **NEW PORT RICHEY FL 34654**

004184



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3635417	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
LUCAS, JEFF 7136 LITTLE RD. NEW PORT RICHEY FL 34654			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			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. *Remain the*

SIGNATURE *Jeff Lucas* (**JEFF LUCAS**) *Vice President* **1/7/02** *Same*
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATTRIDGE, ROBERT W JR		NAME		
STREET ADDRESS	7136 LITTLE RD.		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34654		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCAS, JEFF		NAME		
STREET ADDRESS	7136 LITTLE RD.		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34654		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, AMY G		NAME		
STREET ADDRESS	7136 LITTLE RD.		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34654		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Jeff Lucas* (**SIGNATURE REJEFFLUCAS**) **1/7/02** **727-849-5253**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

1331

CR2E083 (9/01)