

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 02, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91700 047 \*\*\*\*61.25

**DOCUMENT # NO1000006500**

1. Entity Name  
**FLORIDA READ AND LEAD, INC.**

Principal Place of Business 4659 THE OAKS DRIVE MARIANNA FL 32446	Mailing Address 4659 THE OAKS DRIVE MARIANNA FL 32446
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number  Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**STRIPLING, KAREN W**  
**4659 THE OAKS**  
**MARIANNA FL 32446**

7. Name and Address of New Registered Agent  
 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.

SIGNATURE: *Karen Williams Stripling*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>P</b> <b>STRIPLING, KAREN W</b> <b>4659 THE OAKS DRIVE</b> <b>MARIANNA FL 32446</b>	
<b>Williams, Edna Hart</b> <b>5406 Sellers Road</b> <b>Marianna Fl 32446</b>	<input type="checkbox"/> Delete <b>D</b>
<b>Carraway, Nancy</b> <b>5645 Pleasant Ridge Road</b> <b>Marianna Fl 32446</b>	<input type="checkbox"/> Delete <b>D</b>
<b>Mantford, Heather</b> <b>1706S NE Pear Street</b> <b>Blountstown Fl 32424</b>	<input type="checkbox"/> Delete <b>D</b>
<b>Gemelia Williams</b> <b>P O Box 250</b> <b>Aufford Fl 32420</b>	<input type="checkbox"/> Delete <b>D</b>
	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Karen Williams Stripling* 4/23/2002 850-482-7678  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)