

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000005945

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: PROPERTY RIGHTS LEGAL FOUNDATION INC.

Current Principal Place of Business:

301 W SR 434
SUITE 317
WINTER SPRINGS, FL 32708

New Principal Place of Business:

P.O. BOX 196130
WINTER SPRINGS, FL 327196130

Current Mailing Address:

301 W SR 434
SUITE 317
WINTER SPRINGS, FL 32708

New Mailing Address:

P.O. BOX 196130
WINTER SPRINGS, FL 327196130

FEI Number: 31-1636974

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, MICHAEL D
301 W SR 434
SUITE 317
WINTER SPRINGS, FL 32708

Name and Address of New Registered Agent:

JONES, MICHAEL D
560 DUNMAR CIR
WINTER SPRINGS, FL 32708

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:

04/30/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: JONES, MICHAEL D
Address: 301 W SR 434 STE 317
City-St-Zip: WINTER SPRINGS, FL 32708

Title: DST () Delete
Name: MOEHLE, MICHAEL C
Address: P O BOX 321416
City-St-Zip: COCOA BEACH, FL

Title: D () Delete
Name: LEFFLER, KENNETH M
Address: 1400 WINDSOR AVENUE
City-St-Zip: LONGWOOD, FL 327506830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: JONES, MICHAEL D
Address: 560 DUNMAR CIR
City-St-Zip: WINTER SPRINGS, FL 32708

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL D JONES

DP

04/30/2002

Electronic Signature of Signing Officer or Director

Date