2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _

Mar 11, 2002 8:00 am Secretary of State P00000017676 **DOCUMENT #** 1. Entity Name 03-11-2002 90074 049 ***150.00 BISHOP, ADAMS & COMPANY Principal Place of Business Mailing Address 958 ORANGE AVE 958 ORANGE AVE UNIT C LINIT C WINTER PARK FL 32789 WINTER PARK FL 32789 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3625994 Zip Country Zip Country **_\$8.7,5** Additional 5 - Certificate of Status Desired - ---Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TANENBAUM, MARK H Street Address (P.O. Box Number is Not Acceptable) 958 ORANGE AVE UNIT C Zip Code WINTER PARK FL 32789 FL 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** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) ☐ Delete TITLE TITLE NAME NAME tanenbaum, mark h STREET ADDRESS 958 ORANGE AVE., UNIT C STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY_ST-ZIP ☐ Dalete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME MALJE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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 yeport 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

FILED