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FILED
Jul 25, 2001 8:00 am
Secretary of State
07-10-2001 90121 028 ***550.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000035838 (LA)

1. Entity Name

InCompliance Corp.

Principal Place of Business	Mailing Address
3885 US Highway 98 S Lakeland, FL 33813	

76898

DO NOT[redacted]CE

2. Principal Place of Business	3. Mailing Address
3885 US Hwy 98 S	3885 US Hwy 98 S
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lakeland, FL	City & State: Lakeland, FL
Zip: 33813 Country: Polk	Zip: 33813 Country: Polk

4. FEI Number: 59-3637518 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Luis De Leon 3885 US Highway 98 S Lakeland, FL 33813	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 ______________________________
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Chief Executive Officer Luis De Leon 3885 US Highway 98 S Lakeland, FL 33813 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chief Financial Officer Jane Donalson 3885 US Highway 98 S Lakeland, FL 33813 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: Jane Donalson CFO Jane Donalson 7-1-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Date Daytime Phone #