

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000046910

FILED
Feb 15, 2002 8:00 AM
Secretary of State

Entity Name: HEADLEE'S BUSINESS MANAGEMENT, INC.

Current Principal Place of Business:

3305 LAKESIDE CIRCLE
PARRISH, FL 34219

New Principal Place of Business:

3305 LAKESIDE CIRCLE
PARRISH, FL 34219

Current Mailing Address:

3305 LAKESIDE CIRCLE
PARRISH, FL 34219

New Mailing Address:

3305 LAKESIDE CIRCLE
PARRISH, FL 34219

FEI Number: 52-1097536

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEADLEE, ROBERT A
3305 LAKESIDE CIRCLE
PARRISH, FL 34219 US

Name and Address of New Registered Agent:

HEADLEE, ROBERT A
3305 LAKESIDE CIRCLE
PARRISH, FL 34219 US

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: ROBERT HEADLEE

02/15/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HEADLEE, ROBERT A
Address: 3305 LAKESIDE CIRCLE
City-St-Zip: PARRISH, FL 34219

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change () Addition
Name: HEADLEE, ROBERT A
Address: 3305 LAKESIDE CIRCLE
City-St-Zip: PARRISH, FL 34219

Title: O () Change (X) Addition
Name: HEADLEE, KEVIN M
Address: 3305 LAKESIDE CIRCLE
City-St-Zip: PARRISH, FL 34219 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT HEADLEE

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02/15/2002

Electronic Signature of Signing Officer or Director

Date