

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2001 08:00 AM
Secretary of State

DOCUMENT # P00000053793

1. Entity Name
FLORIDA CONTACT, INC.

Principal Place of Business
543 PINE LAKE VIEW DRIVE
DAVENPORT FL 33837

Mailing Address
543 PINE LAKE VIEW DRIVE
DAVENPORT FL 33837

2. Principal Place of Business
6205 LAKE WILSON RD

3. Mailing Address
6205 LAKE WILSON RD

Suite, Apt. #, etc.
SUITE C

Suite, Apt. #, etc.
SUITE C

City & State
DAVENPORT FL

City & State
DAVENPORT FL

Zip
33837

Country

Zip
33837

Country

4. FEI Number
59-3683952

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LE-HELLEY BERTRAND
543 PINE LAKE VIEW DRIVE

DAVENPORT FL 33837

7. Name and Address of New Registered Agent

Name
LE-HELLEY BERTRAND

Street Address (P.O. Box Number is Not Acceptable)
6205 LAKE WILSON RD

SUITE C

City
DAVENPORT FL Zip Code
33837

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 05/01/2001

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 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

TITLE D ☐ Delete
NAME FROELICH LARISSA
STREET ADDRESS 543 PINE LAKE VIEW DRIVE
CITY-ST-ZIP DAVENPORT FL 33837

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: LARISSA FROELICH

D

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)