## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P00000053793

Entity Name: FLORIDA CONTACT, INC.

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

**Current Principal Place of Business: New Principal Place of Business:** 6205 LAKE WILSON RD SUITE C DAVENPORT, FL 33837 **New Mailing Address: Current Mailing Address:** 6205 LAKE WILSON RD PO BOX 736 SUITE C LOUGHMAN, FL 33858 DAVENPORT, FL 33837 FEI Number: 59-3683952 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LE-HELLEY, BERTRAND 6205 LAKE WILSON RD SUITE C DAVENPORT, FL 33837 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: 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition FROELICH, LARISSA Name: Name:

 Name:
 FROELICH, LARISSA
 Name:

 Address:
 543 PINE LAKE VIEW DRIVE
 Address:

 City-St-Zip:
 DAVENPORT, FL 33837
 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FROELICH, LARISSA P 04/30/2002