## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Mar 23, 2001 8:00 am Secretary of State DOCUMENT # P0000077072 JAMES R. PRESCOTT, LIC. REAL ESTATE BROKER, P.A. 03-23-2001 90028 013 \*\*\*150.00 Principal Place of Business Mailing Address 15226 E. COLONIAL DRIVE 15226 E. COLONIAL DRIVE ORLANDO FL 32826 ORLANDO FL 32826 1.0091900 2. Principal Place of Business Mailing Address 0 B0X 4751 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For nter Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired IS A 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PRESCOTT, MARY E Street Address (P.O. Box Number is Not Acceptable) 15226 E. COLONIAL DRIVE ORLANDO FL 32826 City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition PRESCOTT, MARY E NAME NAME 15226 E. COLONIAL DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32826 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE --- Delete = -TITLE Change \_\_\_ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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 of ustee 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. an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: Z

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Marce 12 2001