## 2001 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

## Jun 15, 2001 8:00 am Secretary of State DOCUMENT # P00000091297 6-15-2001 90169 012 \*\*\*550.00 NANCY J. HADAM, P.A. Principal Place of Business Mailing Address 15560 ROLLING MEADOWS CIRCLE 15560 ROLLING MEADOWS CIRCLE A0073389 WELLINGTON FL 33414 WELLINGTON FL 33414 3. Mailing Address 2. Principal Place of Business 3817 Turkey Oak Dr 3817 Turkey Dak Dr Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Valrico City & State 4. FEI Number City & State Applied For Not Applicable Country 33594 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HADAM, NANCY J Street Address (P.O. Box Number is Not Acceptable) 13560 ROLLING MEADOWS CIRCLE WELLINGTON FL 33414 Dn Turkey Oak 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 ☐ Addition NAME HADAM, NANCY J NAME 3817 Turkey Oak Dr. Valrico FL 33594 STREET ADDRESS 15560 ROLLING MEADOWS CIRCLE STREET ADDRESS CITY-ST-7IP WELLINGTON FL 33414 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE - - \ Delete - Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7/P CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP 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 13. Thereby 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

FILED