2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

SIGNATURE:

P01000002684

1. Entity Name

FILED Aug 25, 2002 8:00 am Secretary of State 08-25-2002 90196 048 ***550.00

LELAND	O M. WALLACE, PA			
Principal Plr	lace of Business	Mailing Address		
103-47TH STI BRADENTON	Street Court Northwest In FL 34209	103-47TH STREET COUI BRADENTON FL 34209		B0134903
2. Principal f	al Place of Business	3. Mailing Address		
Suite, Apt.	it. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & Stat	ate	City & State		4. FF Number 1078027 Applied For Not Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional
	6. Name and Address of Curre	rent Registered Agent		7. Name and Address of New Registered Agent
CORPORA 1201 HAY	RATION SERVICE COMPANY NYS STREET ASSEE FL 32301-2525		- Name :-	et Address (P.O. Box Number is Not Acceptable) 3-77 STREET COURT, NW
			City	BRADENTON FL Zin Code 34209
8. The above the obligat SIGNATURE	15/2 2 01/	WALLACE -	July	se or registered agent, or both, in the State of Florida. I am familiar with, and accept 8-19-02
Tax filing r (See criter	poration is eligible to satisfy its Intangil g requirement and elects to do so. eria on back)	gible FILE NOW After September 1	OTE: Registered Agent signatury VIII FEE IS \$550.0 13, 2002 Fee will be able to Department	III be \$750.00 To. Election Campaign Financing _ \$5.00 May Be
11. TITLE	OFFICERS AN	AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	WALLACE, LELAND M 103-47TH STREET COURT NOI BRADENTON FL 34209	☐ Delete DRTHWEST	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition Change Addition
STREET ADDRESS	D Wallace, Kathe S 103-47th Street Court Nor Bradenton Fl 34209	☐ Delete DRTHWEST	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ De/ete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
3. I hereby ce indicated cof the corp changed.	artify that the information supplied wit on this report or supplemental report poration or the receiver or trustee err or on an attachment with an address	th this filing does not qualify for t is true and accurate and that n powered to execute this report with all other like empowered.	r the exemption stated	Lated in Section 119.07(3)(i), Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am an officer or director hapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

ME A DOSTUBED