## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Feb 17, 2002 8:00 am Secretary of State P01000034396 DOCUMENT # LARK SHEDS OF LEESBURG, INC. 02-17-2002 90089 028 \*\*\*150.00 Principal Place of Business Mailing Address 920 S 14TH STREET 920 S 14TH STREET LEESBURG FL 34748 LEESBURG FL 34748 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3712110 Not Applicable Zip Country 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. GREEN, JAMES H JR Street Address (P.O. Box Number is Not Acceptable) 920 S 14TH STREET LEESBURG FL 34748 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) 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, 2002 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete CR2E034 (9/01) TITLE Change ☐ Addition GREEN, JAMES H JR NAME NAME 920 S 14TH STREET STREET ADDRESS STREET ADDRESS LEESBURG FL 34748 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITI E ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition Change 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

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 in changed, or on an attachment with an address, with all other like empowered. GREEN JR SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

13. Thereby 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