

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000061372

FILED
Mar 20, 2002 8:00 AM
Secretary of State

Entity Name: THE LAW OFFICE OF LESLIE QUINN, P.A.

Current Principal Place of Business:

1 NE FIRST AVE.
OCALA, FL 34470

New Principal Place of Business:

1 NE FIRST AVE.
SUITE 201
OCALA, FL 34470

Current Mailing Address:

1 NE FIRST AVE.
OCALA, FL 34470

New Mailing Address:

P.O. BOX 830418
OCALA, FL 34483

FEI Number: 59-3733919

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUINN, LESLIE ESQ.
2206 SOUTH EAST THIRD AVENUE
OCALA, FL 34471 US

Name and Address of New Registered Agent:

QUINN, LESLIE ESQ.
1 NE FIRST AVE.
SUITE 201
OCALA, FL 34470 US

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: LESLIE QUINN, ESQ.

03/20/2002

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:

Title: D () Delete
Name: QUINN, LESLIE ESQ.
Address: 25 HICKORY LOOP
City-St-Zip: Ocala, FL 34472

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
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: LESLIE QUINN

D

03/20/2002

Electronic Signature of Signing Officer or Director

Date