

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90261 046 ***150.00

DOCUMENT # P01000086271

1. Entity Name
FLEMMING LEISURE LIVING, INC.

Principal Place of Business
4805 PINE KNOT LANE
WEST PALM BEACH FL 33417

Mailing Address
4805 PINE KNOT LANE
WEST PALM BEACH FL 33417

855604



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRANT, DEIDRA
4805 PINE KNOT LANE
WEST PALM BEACH FL 33417

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Delete
D GRANT, DEIDRA STREET ADDRESS 4805 PINE KNOT LANE CITY-ST-ZIP WEST PALM BEACH FL 33417	<input type="checkbox"/>
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete

TITLE NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME	<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Deidra Grant*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-02 561-282-1826
 Date Daytime Phone #

CR2E034 (9/01)