

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

DOCUMENT # **ELWOOD T. LIPPINCOTT, JR., PA.**

05-27-2002 90501 026 ***150.00

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9210 SW 72 STREET State, Apt. #, etc. SUITE 101	3. Mailing Address 9210 SW 72 STREET State, Apt. #, etc. SUITE 101
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33173 Country USA	Zip 33173 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1156619	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of State Decision <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name ELWOOD LIPPINCOTT, JR.
Street Address (If P.O. Box Number is Not Acceptable) 9210 SW 72 STREET
City MIAMI State FL Zip Code 33173

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: _____ DATE: _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and needs to do so. <input type="checkbox"/> (See criteria on back)	<p>January 1 - May 1 Fee is \$180.00 After May 1, Fee is \$650.00 Amended UBR is \$81.25 Make Check Payable to Department of State</p>	10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	D.	TITLE	ELWOOD T. LIPPINCOTT, JR.	9210 SW 72 STREET	MIAMI, FL 33173
NAME		TITLE			
STREET ADDRESS		NAME			
CITY - ST - ZIP		STREET ADDRESS			
		CITY - ST - ZIP			

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not violate the provisions stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information included 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 person or persons designated as director on this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 11 or on an attachment with its address, with all other like attachments.

SIGNATURE: *Elwood T. Lippincott, Jr.* Pres. 5/6/02
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR