**FILED** May 02, 2003 8:00 am § Secretary of State 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR** P02000073772 DOCUMENT # 05-02-2003 90758 011 \*\*\*150.00 1. Entity Name MARIETTE A. COURTEMANCHE, P.A. Principal Place of Business Mailing Address 4498 WILLIAM ST. P.O. BOX 400422 LEEGBURG FL 34749 LEESBURG PL 34748 2. Principal Place of Business 3. Mailing Address 50. Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number Not Applicable \$8.75 Additional Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COURTEMANCHE, MARIETTE A Street Address (P.O. Box Number is Not Acceptable) 1498 WILLIAM ST #3 LEESBURG FL 34748 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) # FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PRESIDENT, U.P., TREASULERJOICHIL. TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE TITLE Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP ☐ Addition TITLE □ Detete TITLE Change NAME NAME

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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