## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED Mar 13, 2003 8:00 am Secretary of State 02-03-2003 90156 029 \*\*\*150.00

| DOCUMENT # P02000109761  1. Entity Name TERI MACLEAN, P.A. |   |   |   |                      |                |   |  |                                | 02-03   |  | 00 029                                     | 130.00                        |                 |
|--|---|---|---|----------------------|----------------|---|--|--------------------------------|---|--|--|-------------------------------|-----------------|
|  | ace of Busines<br>VENTURE LAN<br>FL 32159 | -   | ling Address<br>15 Bonaventure Lane<br>Dy Lake FL 32159 |                      |                |   |  | 4 (\$8)r#87 til 88ris 1280s no | ili ADIII SBIEL 1981  | 1 <b>4</b> 2116 . m111 100                               |  |                               |                 |
| 2. Principal   | Place of Busin                            |   |   |                      |                |   |  |                                |   |  |  |                               |                 |
| 108 LA   | GRANDE !                                  | BLVD.   |   |                      |                |   |  |                                |   |  |  |                               |                 |
|  |   | ite, Apt. #, etc.   | •   |                      |                |   | ☐ CHECK HERE IF MAKING CHANGES               |                                |   |  |  |                               |                 |
| City & Sta   | ILLA65                                    | FL  | Cit   | City & State         |                |   |  | 4. F                           | El Number 48-1274   | 7736   | , H  | Applied For<br>Not Applicable |                 |
| Zip <b>32</b>  | 159                                       | Country   | Zig   | )                    | Cour           | itry  |  | <b>5</b> . C                   | Certificate of Status Desire  |  | \$8.75                                     | dditional                     | 7               |
|  | 6. Name                                   | and Address of Cur  | rent Register   | ed Agent             | <u> </u>       |   |  | 7. N                           | lame and Address of Ne  | w Registered   | Fee Requ<br>Agent                          | .7ed                          | 1               |
| MACLEA   | n. Teri                                   | -   |   |                      |                | -Name-  |  |                                |   |  |  | _                             | -               |
| 1415 BONAVENTURE LANE                                      |   |   |   |                      |                | Street Address (P.O. Box Number is Not Acceptab |  |                                |   |  |  |                               | 7               |
| LADY LA  | KE FL 32159                               | 9   |   |                      |                |   | •  |                                |   |  | ÷  |                               | 7               |
|  |   |   | City  | Dity                 |                |   | Zip Code                                     |                                |   | 7  |  |                               |                 |
| 8. The above   | e named entity                            | submits this stateme  | ent for the purp  | ose of changing it   | s registere    | ed office o                                     | r registered                                 | age                            | ent, or both, in the State of   |  |  | n, and accept                 | 1               |
| SIGNATURE  | _   |   | , m.  | •                    |                |   |  |                                |   |  |  |                               | -               |
| CIGITATORE   | Signature, typed o                        | or printed name of registered a   | gent and tille if app                                   | xicable. (NO         | E: Registered  | Agent signat                                    | ture required who                            | nen nein                       | nstating)   | OATE   | <del></del>                                |                               |                 |
| Afte   | r May 1, 200                              | FEE IS \$150.00<br>3 Fee will be \$550.<br>Florida Departmen                                    |   | ,                    |                |   |  |                                | 9. Election Campaign<br>Trust Fund Contribu   |  | <b>\$5.</b> Adde                           | 00 May Be<br>ad to Fees       |                 |
| 10.  | OFFICERS AND DIRECTO                      |   |   |                      |                |   | ADD  | ITIONS/CHANGES TO C            | FFICERS AND   | DIRECTO  | 3S IN 11                                   | ┧_                            |                 |
| TITLE<br>NAME  | Į   |   |   | Delete               | TITLE          |   | PRESI<br>THAIT                               | TH T                           | T. MALLEAN  |  | ☐ Change                                   | Addition                      | ١               |
| STREET ADORESS<br>City-St-Zip                              | 1   |   | -   |                      | STREE          | T ADDRESS<br>ST-ZIP                             | 1415 6                                       | 3041                           | AVONTURE LAHE   | •  | •  |                               | CR2F034 (10/02) |
| TITLE  |   |   | <del></del> -:  | ☐ Delete             | TITLE          |   | LADY U                                       | <u> </u>                       | 6. FL 32159<br>SIDENT   |  |  | <b>71.</b> 100                | 28              |
| NAME   |   |   |   |                      | NAME           |   | A. Du  | NG                             | AN MACLEAN  |  | ☐ Change                                   | Addition Addition             | 5               |
| STREET ADDRESS<br>CITY-ST-ZIP                              |   |   |   |                      | STREE<br>CITY- | T ADDRESS<br>ST-ZIP                             | 1412 8                                       | S DHI                          | AVENTURE LANE   |  |  |                               | -               |
| TITLE  |   |   |   | - Delete             | - TITLE        |   | <u> </u>                                     | —<br>Child                     | 4E, FL 32159  | 7  | ☐ Change                                   | Addition                      | 1               |
| NAME<br>Street address                                     |   |   |   |                      | NAME           | ADDRESS   | سنشعد السينيد                                |                                |   |  |  |                               | 1-              |
| CITY-ST-ZIP  |   |   |   |                      | CITY-S         |   |  |                                |   |  |  |                               |                 |
| TITLE  |   |   |   | ☐ Delete             | TITLE          |   |  |                                |   |  | Change                                     | ☐ Addition                    |                 |
| NAME<br>STREET ADDRESS                                     | -   | •   |   |                      | NAME<br>STREET | ADDRESS   |  |                                |   |  |  |                               |                 |
| CITY-ST-ZIP  |   |   | <del></del>   |                      | CITY-S         |   |  |                                |   |  |  |                               |                 |
| TITLE<br>VAME  |   |   |   | ☐ Defete             | TITLE          |   |  |                                |   |  | ☐ Change                                   | ☐ Addition                    |                 |
| TREET ADDRESS  |   |   |   |                      | NAME<br>STREET | ADDRESS   |  |                                |   |  |  |                               |                 |
| DTY-ST-ZIP   |   |   |   | <del></del>          | CITY-S         | T-ZIP   |  |                                |   |  |  |                               |                 |
| ITLE  <br>IAMÉ   |   |   |   | Delete               | TITLE<br>NAME  |   |  |                                |   |  | Change                                     | Addition                      |                 |
| TREET ADDRESS  |   |   |   |                      |                | ADDRESS   |  |                                |   |  |  |                               |                 |
| of the corp  | oration or the                            | nformation supplied wor suppliemental report<br>receiver or trustee em<br>nment with an address | nowered to e  | vecute this report s | the exem       | otion state                                     | d in Section<br>ve the same<br>ter 607, Flor | n 119<br>e lega<br>erida S     | 1.07(3)(i), Florida Statutes<br>al effect as if made under<br>Statutes; and that my nan | . I further certif<br>oath; that I an<br>ne appears in I | y that the in<br>an officer<br>Block 10 or | of director<br>Block 11 if    |                 |