

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90083 008 ***150.00

DOCUMENT # P94000083408

1. Entity Name
TYPICAL INVESTMENTS, INC.



Principal Place of Business
**2421 RIVERTREE CIRCLE
SANFORD FL 32771
US**

Mailing Address
**2421 RIVERTREE CIRCLE
SANFORD FL 32771
US**



2. Principal Place of Business
538 Spring Club DR

3. Mailing Address
538 Spring Club DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Altamonte Springs FL

City & State
Altamonte Springs, FL

4. FEI Number **59-3293807**

Applied For
☐ Not Applicable

Zip **32714** Country **Seminole**

Zip **32714** Country **Seminole**

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

**LE PACH, DAVID J
2421 RIVERTREE CIRCLE
SANFORD FL 32771**

Name **DAVID J LE PACH**
Street Address (P.O. Box Number is Not Acceptable)
538 Spring Club DR
City **Altamonte Springs FL** Zip Code **32714**

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]*
Signature typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **LEPACH, DAVID J SR.**
STREET ADDRESS **152 BAYWOOD AVE**
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE ☒ Change ☐ Addition
NAME **DE PACH DAVID J SR**
STREET ADDRESS **538 Spring Club DR**
CITY-ST-ZIP **Altamonte Springs FL 32714**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-03 **407-869-4409**
Date Daytime Phone #

CR2E034 (10/02)