

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90135 011 ***150.00

DOCUMENT # P96000020452

1. Entity Name

BELL, LEEPER & ROPER, P.A.

Principal Place of Business

135 WEST CENTRAL BLVD.
 SUITE 700
 ORLANDO FL 32801
 US

Mailing Address

P.O. BOX 3669
 ORLANDO FL 32802
 US

2. Principal Place of Business

2816 E. ROBINSON ST.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Zip

32803

Country

ORANGE/USA

Country

4. FEI Number

59-3361236

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LEEPEER, ANDREW J

135 WEST CENTRAL BLVD.

SUITE 700

ORLANDO FL 32801

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete
 NAME DPT
 STREET ADDRESS BELL, MICHAEL
 CITY-ST-ZIP 135 WEST CENTRAL BLVD., STE. 700
 ORLANDO FL 32801

TITLE ☐ Delete
 NAME DVS
 STREET ADDRESS LEEPER, ANDREW J
 CITY-ST-ZIP 135 W. CENTRAL BLVD., STE. 700
 ORLANDO FL 32801

TITLE ☐ Delete
 NAME D
 STREET ADDRESS ROPER, MICHAEL
 CITY-ST-ZIP 135 WEST CENTRAL BLVD., STE. 700
 ORLANDO FL 32801

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

Signature of Michael Bell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-01

Date

(407) 843-1661

Daytime Phone #

CR2E034 (9/01)