Daytime Phone #

2002 Uniform Business Report (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 09, 2002 8:00 am Secretary of State DOCUMENT # P96000056077 1. Entity Name 04-09-2002 90068 043 ***150.00 L.F. HARRIS & ASSOCIATES, CPA, P.A. Principal Place of Business Mailing Address 227 N. MAGNOLIA AVENUE. SUITE 203 227 N. MAGNOLIA AVENUE. SUITE 203 ORLANDO FL 32801 ORLANDO FL 32801 3. Mailing Address 2017 E. Robinson Street 2. Principal Place of Business, 3012 E. Robinson St. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3401213 andlo $10\Delta C$ Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32803 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HICKS, REGINALD D ESQ. Street Address (P.O. Box Number is Not Acceptable) 605 E. ROBINSON STREET, SUITE 630 ORLANDO FL 32801 City Zip Code 8. The above named enti statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida ed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change CR2E034 (9/01 ☐ Addition NAME HARRIS, LUIS F NAME STREET ADDRESS 9324 RAVEN DELL STREET STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32825 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trusted 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.