

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91110 035 ***150.00

DOCUMENT # P97000041456

1. Entity Name
1808 EAST SEMORAN, INC.

Principal Place of Business
**222 S. WESTMONTE
 STE 105
 ALTAMONTE SPRINGS FL 32714**

Mailing Address
**P O BOX 100817
 ALTAMONTE SPRINGS FL 32716-0817**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
222 S. Westmonte Dr

3. Mailing Address

Suite, Apt. #, etc.
Suite 206

Suite, Apt. #, etc.

City & State
Altamonte Springs FL

City & State

4. FEI Number **59-3447140**

Applied For
 Not Applicable

Zip
32714

Country
USA

Zip

Country

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

**NATION, RON
 347 HAVERLAKE CIRCLE
 APOPKA FL 32712**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	NATION, RON
STREET ADDRESS	222 S WESTMONTE DR STE 222 206
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714
TITLE	D <input type="checkbox"/> Delete
NAME	PRUETT, WILIAM H III
STREET ADDRESS	222 S WESTMONTE DR STE 222 206
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ron Nation
STREET ADDRESS	222 S Westmonte Dr. St 206
CITY-ST-ZIP	Altamonte Springs FL 32714
TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William H. Pruett III
STREET ADDRESS	222 S. Westmonte Dr St 206
CITY-ST-ZIP	Altamonte Springs FL 32714
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: William H. Pruett III **William H. Pruett III** 4/27/01 407-774-3344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)