2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000104884 1. Entity Name LEONARD E. FIX JR., P.A.								Jan 31, 2001 8:00 am Secretary of State 01-31-2001 90279 050 ***150.00							
Principal Place of Business 8601 4TH ST. N. SUITE 100 SAINT PETERSBURG FL 33702 US			Mailing Address 2800 - 4TH STREET NORTH SUITE 166 ST. PETERSBURG FL 33704												
2. Principal Place of Business			3. Mailing A	3. Mailing Address											
Suite, Apt. #, etc.			Suite, Ap	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE							
City & State			City & St	City & State			4. FEI Number 59-32/069			70698	875	80	_	plied For t Applicable	
Zip Country		Zip	Zip (Country		5. C	ertificate of	Status De	esired			5 Add	itional	
	6. Name a	and Address of Curren	t Registered Ag	ent		N1		7. N	ame and A	ddress of	New Ro	egistered	d Agent		
FIX, LEONARD E JR 2800 - 4TH STREET NORTH SUITE 166					Name Street Address (.О. Вс	ox Number	s Not Acc	eptable)			
	PETERSBUR					City FL					Zi	Zip Code			
Tax filing r	oration is eligib	printed name of registered agen ole to satisfy its Intangible and elects to do so.	e Aft	FILE NOW!!! FEE I After MAY 1, 2001 Fee Make Check Payable to De			will be \$550.00			on Camp Fund Cor	•	_			O May Be to Fees
11.		OFFICERS AND	DIRECTORS		12.			ADD	DITIONS/CH	IANGES	ro offi	CERS AN	ID DIRE	CTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST. PETER	ard e jr I street north, si Sburg fl 33704		□ Delete	NAME STREET CITY-S	address T-Zip							□ Cr	nange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTP FIX, LEONARD E JR 2800 - 4TH STREET NORTH, SUITE 166 ST. PETERSBURG FL 33704					address T-zip							□ Cr	iang e	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	1	□ Delete	NAME STREET CITY-S	ADDRESS T-ZIP							☐ Ct	ange	Addition
TITLE Name Street address : City-St-Zip				□ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP				1201			□ Ct	ange	Addition
TITLE NAME Street address City-St-Zip	***		ŧ	Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP							☐ Ch	ange	Addition
TITLE Name Street address City-St-Zip			[□ Delete	TITLE NAME STREET CITY-ST	ADDRESS [-ZIP							☐ Ch	ange	Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

\$0850 \ # P97000 104884

Please Note the form was sent to me with the wrong FEI Number - Please Correct your records. That's for