2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

Jan 24, 2001 8:00 am DOCUMENT # P98000097561 **Secretary of State** JEFF LUCAS, P.A. 01-24-2001 90019 008 ***158.75 Principal Place of Business Mailing Address 8406 MASSACHUSETTS 8406 MASSACHUSETTS AVE., SUITE A-2 AVE., SUITE A-2 NEW PORT RICHEY FL 34652 **NEW PORT RICHEY FL 34652** 3. Mailing Address 2. Principal Place of Business 136 Little 136 DO NOT WRITE IN THIS SPACE icw PORT 4. FEI Number Applied For 59-3545825 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LUCAS, JEFF 8406 MASSACHUSETTS AVE., SUITE A-2 **NEW PORT RICHEY FL 34652** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Presiden+ TITLE Delete eff LUCAS LUCAS, JEFFREY NAME NAME 7136 Little Road STREET ADDRESS 8406 MASACHUSETTS AVE., SUITE A-2 STREET ADDRESS CITY-ST-ZIP **NEW PORT RICHEY FL 34653** CITY-ST-ZIP vew PORT TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME 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 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