## 2002 Uniform Business Report (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Mar 14, 2002 8:00 am § Secretary of State DOCUMENT # P99000012388 1. Entity Name 03-14-2002 90045 044 \*\*\*158.75 PLH & ASSOCIATES, INC. Principal Place of Business Mailing Address 1507 LAKELAND HILLS BLVD PO OX 93496 LAKELAND FL 33804 LAKELAND FL 33805 2. Principal Place of Business 3. Mailing Address P.O. Box 93496 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEL Number 59-3555992 Not Applicable Lakeland. FL Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33804-3 4 9 6 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Lundy, Timothy A Street Address (P.O. Box Number is Not Acceptable) LUNDY, TIMOTHY A 940 FENTON LANE, #32 557 Hunters Run Blvd. LAKELAND FL 33809 City Zip Code 33809 Lakeland, 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 Timothy A lundy SIGNATURE agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 LETTax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State t⊕ (See criteria on back)⊕ 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE Delete TITLE Addition **PVST PVST** NAME LUNDY, TIMOTHY A NAME Lundy, Timothy A STREET ADDRESS 1507 LAKELAND HILLS BLVD 109 STREET ADDRESS 557 HuntersdRun Blvd. CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33805 Lakeland, FL 33809 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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 appears, with all other like empowered.

(公司) Timothy A lundy 1/23/2002 863 602 8674