2001	R)]	FILE	\mathbf{D}									
2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9900036325 1. Entity Name P.L.E.A.D., INC.							Apr 26, 2001 08:00 AM Secretary of State							
Principal Plac	e of Business	· · · · · · · · · · · · · · · · · · ·	Mailing Address 10105 W SUNRISE BLVD #106		<u> </u>									
PLANTATION 33322		FL	PLANTATION 33322		FL									
	Place of Busine	ss	3. Mailing Address 10105 W SUNRISE BLVD #106											
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					D	O NOT WR	IITE IN THI	S SPAC	E	–	
City & State PLANTATION FL			City & State PLANTATION	FL	4. FEI Number 65-0910658				.,,,,	-	plied For t Applicable	<u> </u>		
Zip 33322		Country us	Zip 33322	Cour	ntry	-		icate of Statu	ıs Desired			75 Add	itional	1
	6. Name a	and Address of Current R			·		7. Name	and Addre	ss of New	Registere		Require	<u> </u>	4
BAKER JACQULINE 10105 W SUNRISE BLVD #106 PLANTATION FL						JA	CQUELI O. Box N	NE umber is Not						
33322		US			City PLANTA	ATION				F	. ,	ip Code	<u>.</u>	_
8. The above	named entity	submits_this statement for	the purpose of changing its i	egister	ed office or	registered	i agent, c	or both, in the	e State of F	lorida.				1
SIGNATURE .		JELINE BAKET printed name of registered agent ar		Registere	ed Agent signati	ure required wh	nen reinstatir	na)		- 04/2	6/200	01	<u></u>	
Tax filing r	_	le to satisfy its Intangible d elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Stat					. Election C Trust Fund	ampaign F I Contributi	inancing			0 May Be to Fees	-
11.	1 '=	OFFICERS AND D		12.	***************************************		ADDITIO	ONS/CHANC	SES TO OF	FICERS A	ND DIRE	CTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER 10105 W SU PLANTATION	JACQUELINE INRISE BLVD #106 ON	☐ Delete FL 33322			D BAKER 10105 W PLANTA	SUNRIS	JACQUELIN SE BLVD #10		FL	_	Change 2	☐ Addition	034 (11/
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete ¸		-							Change	Addition	CR2E
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete							<u></u>		Change	☐ Addition	7
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete									Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete									Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY	ie Eet address '-st-zip					_		Change	Addition	
of the cor	poration or the	receiver or trustee empoy	his filing does not qualify for true and accurate and that m vered to execute this report a th all other like empowered.											
SIGNAT	URE:	Jacqueline Baker SIGNATURE AND TYPED OR PR	INTED NAME OF SIGNING OFFICER O	R DIRECT	TOR		D	04/2 Da	6/2001 .		Daytıme i	Phone #	<u>-</u>	-