04/27/01 12:40 FAX 4076392449 ACTION ACCOUNTNG

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May 15, 2001 8:00 am
Secretary of State

05-15-2001 90177 034 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050910

1. Entity Name
EILEEN STANLEY P.A.

Principal Place of Business | Mailing Address

A0067166

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7777 N. WICKHAM RD	635 BREVARD AVE
Suite, Apt #, etc. #12 PMB 412	Suite, Apt #, etc.
City & State MELBOURNE, FL	City & State COCOA FL
Zip 32940-7979 Country USA	Zip 32922-7807 Country USA

4. FEI Number 59-3570577 ☐ Applied For ☐ Not Applicable

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
Name EILEEN STANLEY
Street Address (P.O. Box Number is Not Acceptable) 7777 N. WICKHAM RD
#12 PMB 412
City MELBOURNE FL Zip Code 32940-7979

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 Eileen Stanley 4/27/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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 PSTD NAME EILEEN STANLEY STREET ADDRESS 7777 N. WICKHAM RD #12 PMB 412 CITY-ST-ZIP MELBOURNE, FL 32940-7979	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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: Eileen Stanley 4/27/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MAIL TO DIVISION OF CORPORATIONS P.O. BOX 1500
UNIFORM BUSINESS REPORT FILINGS TALLAHASSEE FL 32302-1500
UNIFORM