2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000103366 RICH AND LEEN, INC. Mailing Address Principal Place of Business 291 PINEY PLACE 290 PINEY PLACE WINTER HAVEN FL 33880 WHITER HAVEN FL 33880

FILED May 26, 2000 8:00 am Secretary of State

05-26-2000 90036 033 ***150.00

. Principal Place o	f Business	3. Mailing Address								
Suite, Apt. #, etc		Suite, Apt. #, etc. City & State			DO NOT WRITE IN THIS SPACE					
City & State					4.	FEI Number 59 – 3615480	3615480		Applied For Not Applicable	
Zip	Country	Zip	Country		$\overline{}$	Certificate of Status Desired		8.75 Add e Require		
6.	Name and Address of Current F	legistered Agent	<u> </u>		7. [Name and Address of New R	egistered Ag	ent		
				Name						
DEBERGER, EILEEN R 290 PINEY PLACE WINTER HAVEN FL 33880				Street Address (P.O. Box Number is Not Acceptable)						
************				City			FL	Zip Cod	e	
IGNATURE	ed entity submits this statement for		registered				rida. DATE			
7. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEI After MAY 1, 2000 Fee Make Check Payable to I				ill be \$550	of State	10. Election Campaign Fin Trust Fund Contribution	n. 🗀	Adde	May Be 1 to Fees	
1.	OFFICERS AND I	DIRECTORS	12.			DDITIONS/CHANGES TO OFF	ICERS AND [DIRECTOR		
itle Ame Treet address Ity-st-zip		☐ Delete	TITLE NAME STREET CITY-SI	ADDRESS 1-ZIP	Fresi Elee 290 Winte	ident In L De Berger Piney Place 1 Haven, FL	C 3880	Change	Addition	
ITLE AME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-SI	ADORESS T-ZIP		, 	İ	Change	☐ Addition	
TLE AME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-SI	ADDRESS T-ZIP			-	Change	☐ Addition	
ITLE AME TREET ADDRESS		☐ Delete	TITLE NAME STREET CITY-S'	ADDRESS T-ZIP				Change	☐ Addition	
ITLE IAME ITREET ADDRESS		☐ Delete	TITLE NAME STREET CITY-S'	ADDRESS T-ZIP				Change	Addition	
ITLE IAME ITREET ADDRESS ITY-ST-ZIP	that the information supplied with	Delete	CITY-S		in Section	o 119 07(3)(i) Florida Statutes		☐ Change	☐ Addition	

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: