## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: -

## Feb 28, 2001 8:00 am Secretary of State **DOCUMENT # \$21997** TRICKEL & LEIGH, P.A. 02-28-2001 90058 020 \*\*\*150.00 Principal Place of Business Mailing Address 1801 LEE ROAD 1801 LEE ROAD SUITE 360 SUITE 360 WINTER PARK FL 32789-2165 WINTER PARK FL 32789-2165 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-304 1925 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEIGH. RICHARD A. Street Address (P.O. Box Number is Not Acceptable) 1801 LEE RD #360 WINTER PARK FL 32789 Zio Code FL 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 Signature, typed or printed name of registered agent and title if applicable DATE (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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See critoria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSD** CR2E034 (10/00 [7] Chance Addition TITL F ☐ Delete TIZLE LEIGH, RICHARD A NAME: MAME 1801 LEE RD #360 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789 CITY-ST-ZIP ☐ Delete Change Acdition TITLE TIME NAME NAME: STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZiP ☐ Delete Change Addition TiTl F TITLE NAM5 NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete Change Addition TITLE NAME. NAME STREET ACCRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SJ-7IP CITY- ST- ZIP ☐ Delete Change Addition TIFLE THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-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 Slock 12 if changed, or on an attachment with an address, with all other like empowered.

FILED