## 2002 UNIFORM BUSINESS REPORT (UBR)

## Secretary of State **DOCUMENT#** V67583 1. Entity Name 03-14-2002 90308 017 \*\*\*150 00 F. PARKER LAWRENCE, P.A. Principal Place of Business Mailing Address 726 NW 8TH AVENUE 726 NW 8TH AVENUE SUITE D SHITE D GAINESVILLE FL: 32601-34 -- 1 -----GAINESVILLE: FL 32801 US 2. Principal Place of Busine 3. Mailing Address Street <u>3720 NW43</u> 720 NW DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Ste Ste Applied For 4. FEI Number a nesu 59-3143354 Not Applicable \$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 LAWRENCE, F. PARKER Street Address (P.O. Box Number is Not Acceptable) 726 8TH AVE., STE. D GAINESVILLE FL 32601 8. The above named entity submits this statement by the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 🏖 (NOTE: Recipiered Agent signature required when reinstation) FILE NOW! TEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01) TITLE Delete TITLE AWRENCE, F. PARKER NAME NAME STREET ADDRESS 726-D NW 8TH AVE. STREET ADDRESS GAINESVILLE FL. CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TIELE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Detete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Dalete ☐ Change TITLE TITI F ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 his 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 proposered. SIGNATURE:

FILED Mar 14, 2002 8:00 am