FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

address, with all other like empowered

Feb 17, 2002 8:00 am Secretary of State DOCUMENT # 483464 1. Entity Name 02-17-2002 90031 046 ***150.00 DEARDOURFF, TIMMONS & ASSOCIATES, P.A. Principal Place of Business Mailing Address 6420 N.W. 9TH BLVD. 井 シ 6420 N.W. 9TH BLVD. # 2 GAINESVILLE FL 32605-4203 GAINESVILLE FL 32605-4203 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1614580 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEARDOURFF, STEPHEN L Street Address (P.O. Box Number is Not Acceptable) 6420 N.W. 9TH BLVD. ギン GAINESVILLE FL 32605 City Zip 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 TITLE ☐ Delete TITLE CR2E034 (9/01) ☐ Change ☐ Addition NAME DEARDOURFF. STEPHEN L NAME STREET ADDRESS 6420 N.W. 9TH BLVD. STREET ADDRESS CHTY-ST-ZIP Gainesville fl CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME timmons, John W. NAME STREET ADDRESS 6420 N.W. 9TH BLVD. STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-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 grade under oath; that I am an officer or director of the corporation or the receiver or trustee empewered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Date

Daytime Phone #