2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 13, 2001 8:00 am Secretary of State DOCUMENT # **F12652** JOSLIN & ASSOCIATES, P.A. 04-13-2001 90090 042 ***150.00 Principal Place of Business Mailing Address 1212-66TH ST NORTH 1212-66TH ST NORTH ST PETERSBURG FL 33710 ST PETERSBURG FL 33710 00036309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2047818 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOSLIN, TIMOTHY J Street Address (P.O. Box Number is Not Acceptable) 1212-66TH ST N ST PETERSBURG FL 33710 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSTD** CR2E034 (10/00) Delete TITLE ☐ Change Addition TITLE JOSLIN, TIMOTHY J NAME NAME 7864 9TH AVE SO. STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33707 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition HERSHKOWITZ, HAL E NAME NAME 1140 3RD AVE SO STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIERRA VERDE FL 33715 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME 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 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 employered.