2002 UNIFORM BUSINESS REPORT (UBR)

Feb 05, 2002 8:00 am Secretary of State G72152 DOCUMENT # 1. Entity Name 02-05-2002 90038 004 ***150.00 PORGES, HAMLIN, KNOWLES & PROUTY, P.A. Principal Place of Business Mailing Address 1205 MANATEE AVE W. P O BOX 9320 **BRADENTON FL 34206 BRADENTON FL 34205** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2343522 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PORGES, GREGORY J. Street Address (P.O. Box Number is Not Acceptable) 1205 MANATEE AVE. WEST **BRADENTON FL 34206** Zip Code City 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** DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition Delete TITLE TITLE NAME HARLLEE, JOHN P. NAME STREET ADDRESS 1205 MANATEE AVE, W STREET ADDRESS BRADENTON, FL 00000 CITY-ST-ZIP CITY-ST-ZIP D/P DOWNER OF THE PARTY OF Change ☐ Addition TITLE TITLE D۷ ☐ Delete PORGES, GREGORY J NAME NAME STREET ADDRESS STREET ADDRESS 1205 MANATEE AVE, W BRADENTON, FL 00000 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE D۷ NAME HAMLIN, CURTIS D NAME STREET ADDRESS STREET ADDRESS 1205 MANATEE AVE, W CITY-ST-ZIP BRADENTON, FL 00000 CITY-ST-ZIP DIV ☐ Change Addition TITLE TITLE ☐ Delete Timothy A- Knowles NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP codentun Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME 1205 Manatee Ave STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE 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 dustee 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 effect like empowered.

FILED