## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Jan 27, 2002 8:00 am Secretary of State **DOCUMENT #** J14635 1. Entity Name 01-27-2002 90024 008 \*\*\*150 00 FLORIDA REFERRAL ASSOCIATES, INC. Principal Place of Business Mailing Address 3590 17TH ST 3590 17TH ST SARASOTA FL 34235 SARASOTA FL 34235 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 59-2715261 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COWLES, ROBERT C Street Address (P.O. Box Number is Not Acceptable) 3590 17TH ST SARASOTA FL 34235 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, OFFICERS AND DIRECTORS 12. TITLE **VPS** ☐ Delete TITLE Change Addition NAME COWLES, ROBERT NAME STREET ADDRESS 4092 SOUTHWELL WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34241 TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME COWLES. JACQUELINE 4092 SOUTHWELL WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34241 ☐ Addition ☐ Delete TITLE ☐ Change NAME: NAME-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 extrachment with an address, with all other like empowered.

FILED