FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2004 8:00 am
Secretary of State
03-22-2004 90052 029 ***150.00

DOCUMENT # J95281

1. Entity Name

UPCHURCH & ESPOSITO, P.A.

DO NOT WRITE IN THIS SPACE

94033572

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
1510 N. Ponce de Leon Blvd.	c/o H. Davis Upchurch, Jr.	
Suite, Apt. #, etc.	Suite, Apt. #, etc. PO Box 3956	
City & State: St. Augustine FL	City & State: St. Augustine FL	4. FEI Number: 59-2846172 ☐ Applied For ☐ Not Applicable
Zip: 32084 Country: US	Zip: 32085-3956 Country: US	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: UPCHURCH, H. DAVIS JR.

Street Address (P.O. Box Number is Not Acceptable): 1510 N. Ponce de Leon Blvd.

City: St. Augustine **FL** Zip: 32084

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: H. Davis Upchurch 03/17/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Upchurch, H. Davis Jr. 1524 San Rafael Way St. Augustine FL 32080	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Treasurer Esposito, Charles A. 72 Fulton Place Palm Coast FL 32137	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: H. Davis Upchurch Jr. 03/17/04 (904) 825-1990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #