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FILED
Apr 10, 2002 8:00 am
Secretary of State

03-05-2002 90094 047 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000012107

1. Entity Name

C. RICHARD NEWSOME, P.A.

Principal Place of Business	Mailing Address
90 E LIVINGSTON STREET SUITE 100 ORLANDO FL 32801	90 E LIVINGSTON STREET SUITE 100 ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
20 N. ORANGE AVE	20 N. ORANGE AVE
Suite, Apt. #, etc. 800	Suite, Apt. #, etc. 800
City & State ORLANDO, FL	City & State ORLANDO, FL
Zip 32801 Country USA	Zip 32801 Country USA

4. FEI Number 59-3538564 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEE, STEVEN C
800 N MAGNOLIA AVENUE SUITE 1500
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name C. RICHARD NEWSOME
Street Address (P.O. Box Number Is Not Acceptable) 20 N. ORANGE AVE, #800
City ORLANDO FL Zip Code 32801

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] 2/20/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEWSOME, C. RICHARD 90 E LIVINGSTON STREET SUITE 100 ORLANDO FL 32801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	20 N. ORANGE AVE, SUITE 800	☑ Change ☐ Addition
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CR2E034 (9/01)

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 empowered.

SIGNATURE: [signature] 2/20/02 407-648-5977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #