2003 FOR PROFIT CORPORATION

Sep 08, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) P02000003223 **DOCUMENT #** 09-08-2003 90137 027 ***150.00 1. Entity Name RODNEY M. KERNAN, P. A. Principal Place of Business Mailing Address 320 NORTH MAGNOLIA AVENUE 320 NÖRTH MAGNOLIA AVENUE SUITE B-8 SUITE B-8 ORLANDO FL 32801 ORLANDO FL 32801 2. Principal Place of Business 3. Mailing Address 320 North 320 North Magnolia floence Magnolia Suite, Apt. #, etc. Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For Orlando <u>02 - 05 44 397</u> Orlando Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 801 USA JS 19 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KERNAN, RODNEY M Street Address (P.O. Box Number is Not Acceptable) 320 NORTH MAGNOLIA AVENUE SUITE B-8 ORLANDO FL 32801 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or primed traine of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (4/03) ☐ Change ☐ Addition KERNAN, RODNEY M NAME NAME 320 NORTH MAGNOLIA AVENUE, SUITE B-8 STREET ADDRESS STREET ADDRESS ORLANDO FL 32801 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE " Change ☐ Addition NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 Block 11 if changed, or on an attachment with an adduct with all other like empowered

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WILL SIGNATURE AND TYPED OR BRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

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Addition

Addition

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Rodney M. Kernan, P.A.

320 N. Magnolia Ave., Suite A-10 Orlando, Florida 32801 Phone (407) 648-0050, Fax (407) 648-0094

September 4, 2003

To: Division of Corporations

Uniform Business Report Filings

P.O. Box 1500

Tallahassee, FL 32302-1500

Re:

Filing Fee

To Whom It May Concern:

Please be informed that I did not receive notice of filing prior to this current notice with a filing fee of \$550.00 due. I am including a check for \$150.00 for the original filing fee with the requested form. If further information is needed, please contact me at the above address or number. Thanks for you consideration and assistance.

Sincerely,

- Rodney M. Kernan

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