2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State
04-10-2003 90099 009 ***158.75

DOCUMENT # P95000018898

1. Entity Name
DARYL CRAMER & ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
515 N FLAGLER DR STE 910 WEST PALM BEACH FL 33401-2010 US	515 N FLAGLER DR STE 910 WEST PALM BEACH FL 33401-2010 US

2. Principal Place of Business	3. Mailing Address
c/o Daryl Cramer & Assoc., P.A.	c/o Daryl Cramer & Assoc., P.A.
Suite, Apt. #, etc. 3801 PGA Blvd., Ste 508	Suite, Apt. #, etc. 3801 PGA Blvd., Ste. 508
City & State Palm Beach Gardens, FL	City & State Palm Beach Gardens, FL
Zip 33410 Country USA	Zip 33410 Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0566225 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired XX **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DARYL B CRAMER
515 N FLAGLER DR
STE 910
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name Daryl Cramer & Associates, P.A.
Street Address (P.O. Box Number is Not Acceptable) 3801 PGA Boulevard, Suite 508
City Palm Beach Gardens FL Zip Code 33410

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] Daryl B. Cramer, Pres. 4/7/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD ☐ Delete	TITLE	PSTD XX Change ☐ Addition
NAME	CRAMER, DARYL B	NAME	Cramer, Daryl B.
STREET ADDRESS	515 N FLAGLER DR, STE 910	STREET ADDRESS	3801 PGA Boulevard, Suite 508
CITY-ST-ZIP	WEST PALM BEACH FL 33401	CITY-ST-ZIP	Palm Beach Gardens, FL 33410-2758
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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

SIGNATURE: SIGNATURE REQUIRED [signature] Daryl B. Cramer, Pres. 4/8/03 561-659-7005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #