CR2E034 (10/02)

FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Jan 21, 2003 8:00 am **Secretary of State** DOCUMENT # P96000063520 01-21-2003 90555 045 ***158.75 1. Entity Name BERT A. TAVARY, P.A. Principal Place of Business Mailing Address 29 OLD KINGS ROAD NORTH 29 OLD KINGS ROAD NORTH SUITE 1A SUITE 1A PALM COAST FL 32137 PALM COAST FL 32137 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-3393220 Not Applicable 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 KENNETH KIKRESGE KRESGE, KENNETH R CPA Street Address (BO. Box Number is Not Acceptable) 403 ANASTASIA BLVD. SUITE 1 ST AUGUSTINE FL 32084 32080 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Change ■ Addition ☐ Delete NAME : TAVARY, BERT A NAME STREET ADDRESS STREET ADDRESS 29 OLD KINGS ROAD NORTH SUITE 1A CITY-ST-ZIP CITY-ST-ZIP PALM COAST FL 32137 Delete Change Addition TITLE TITLE NAME NAME TAVARY, DENISE STREET ADDRESS STREET ADDRESS 29 OLD KINGS ROAD NORTH SUITE 1A CITY-ST-ZIP CITY-ST-ZIP PALM COAST FL 32137. TITLE ☐ Change Addition TITLE ☐ Delete 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 NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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: