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FILED

Apr 11, 2002 8:00 am

Daytime Phone #

## 2002 Uniform Business Report (UBR)

## Secretary of State P96000102043 DOCUMENT # 03-13-2002 90136 039 \*\*\*150 00 1. Entity Name BARBAS, WHEELEY, KOENIG & NUNEZ, P.A. Mailing Address Principal Place of Business 1802 WEST CLEVELAND STREET 1802 WEST CLEVELAND STREET 23521 TAMPA FL 33606 TAMPA FL 33806 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3414762 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Z. Name and Address of New Registered Agant 6.- Name and Address of Current Registered Agent: BARBAS, STEPHEN M Street Address (P.O. Box Number is Not Acceptable) 1802 WEST CLEVELAND STREET TAMPA FL 33606 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable, FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01 TITLE ☐ Delete TITLE NAME NAME BARBAS, STEPHEN M STREET ADDRESS 1802 WEST CLEVELAND STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33606 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME WHEELEY, MATTHEW B NAME STREET ADDRESS STREET ADDRESS 1802 W. CLEVELAND ST. CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33606 Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME KOEING-DAVID-F-STREET ADDRESS STREET ADDRESS 1802 W. CLEVELAN ST. tity-st-zip CITY-ST-ZIP TAMPA FL 33606 ☐ Change ☐ Addition Delete IIILE TITLE NAME NUNEZ, KELLY B NAME STREET ADDRESS STREET ADDRESS 1802 W. CLEVELAND ST. CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33606 Change ☐ Addition Delete TITLE NAME GRAY, SANDERS L STREET ADDRESS 1802 W CLEVELAND ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33606 JIMMIE BUTLER 1802 W. CLEVELAND ST. Change ☐ Addition TITLE ☐ Delete ППЕ NAME NAME STREET ADDRESS STREET ADDRESS TAMA, FL 33606 CITY-ST-ZIP CITY-ST-ZIP 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 eath; that I am an officer or director of the corporation or the receiver or true empowered to receive this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if SIGNATURE: