2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

P97000087557 **DOCUMENT #**

1. Entity Name

Principal Place of Business

ANDREW E. STINNETTE, P.A.

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FILED Apr 10, 2003 8:00 am Secretary of State 04-10-2003 90065 012 ***150.00

597 MAIN STREET DUNEDIN FL 34698 US		597 MAIN STREET DUNEDIN FL 34698 US		T TO DEFEND THE RESIDENCE AND A SERVICE AND	180 1 1001	
2. Principal P	lace of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
ouite, Apt.	#, GlG.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-3476574 Applie Not Ap	d For oplicable	
Zip	Country	Zip	Country	. 5. Certificate of Status Desired S8.75 Addition Fee Required	nal	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent		
597 MAIN	TE, ANDREW E, STREET ST. FL 34698		Street Address (P.O. Box Number is Not Acceptable)			
	% •		City	FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent of both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
After Make Check	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State		9. Election Campaign Financing \$5.00 M Trust Fund Contribution. Added to F		
10. 👯 👯	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	1†	
NAME STREET ADDRESS CITY-ST-ZIP	d Stinnette, andrew e 597 Main Street Dunedin Fl 34698	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐	Addition :	
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TITLE NAME	• •	☐ Delete	TITLE	☐ Change ☐] Addition	
STREET ADDRESS CITY-ST-ZIP	* · ·		STREET ADDRESS CHY-ST-ZIP			
12. I hereby of indicated	ertify that the information supplied with on this report or supplemental report is	this filing does not qualify for t true and accurate and that my	he exemption stated in S v signature shall have the	section 119.07(2)(i). Florida Statutes. I further certify that the inform same legal effect as if made under oath; that I am an officer or di	nation irector	

of the corporation or the receiver or trustee empowered to execute this report as require changed, or on an attachment with an address, with all other like empowered.

SIGNATURE TINO 164