2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90133 045 ***150.00

DOCUMENT # S17226

1. Entity Name
GREGORY A. ZOLLO, PROFESSIONAL ASSOCIATION

Principal Place of Business	Mailing Address
5425 PARK STREET NORTH SUITE 1-WEST ST. PETERSBURG FL 33709	5425 PARK STREET NORTH SUITE 1-WEST ST. PETERSBURG FL 33709

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
8200 Bryan Dairy Rd.	
Suite, Apt. #, etc. 350	Suite, Apt. #, etc.
City & State Largo, Florida	City & State
Zip 33777 Country USA	Zip Country

4. FEI Number 59-3049979 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MALONEY, JOHN L 3862 CENTRAL AVE. SAINT PETERSBURG FL 33711	Name 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, or 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

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 NAME STREET ADDRESS CITY-ST-ZIP	DPST ZOLLO, GREGORY A. 8624 CENTRE COURT LARGO FL 33777 ☐ Delete	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 STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Gregory A. Zollo ELECTRONICALLY FILED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

9002956
55084949

Attachment
#517226

2-3-03

Please note: I failed to include this with my check which was mailed 1-31-03.

Thanks,

Sue Zelle