FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91394 034 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 557842

1. Entity Name
CARTER, BELCOURT & ATKINSON, P.A.

90110967

Principal Place of Business	Mailing Address
331 SOUTH FLA. AVE SUITE #400 LAKELAND, FL 33801-4626 US	500 S FLORIDA AVE 8 FLR LAKELAND, FL 33801-5271 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	331 S. Florida Ave. Suite 400
City & State	Lakeland, FL
Zip / Country	33801-4626 / US

4. FEI Number 59-1786963 ☐ 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
MULLINS, DAVID 500 S FL AVE 8TH FLOOR LAKELAND, FL 33801	Name: Deborah P. Garringer Street Address (P.O. Box Number is Not Acceptable): 331 S. Florida Ave. Suite 400 City: Lakeland FL Zip Code: 33801-4626

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: Deborah P. Garringer — Deborah P. Garringer — DATE: 4/21/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

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		☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Deborah P. Garringer 331 S. Florida Ave. #400 Lakeland, FL 33801	☐ Change ☒ Addition
TITLE	CEOD	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	ATKINSON, RONALD C.		NAME		
STREET ADDRESS	331 S. FLA AVE #400		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL		CITY-ST-ZIP	Lakeland, FL 33801	
TITLE	VPD	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	FISK, ALAN C		NAME		
STREET ADDRESS	331 S. FLA AVE #400		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL		CITY-ST-ZIP		
TITLE	CFOD	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	GROSSMAN, JAMES E		NAME		
STREET ADDRESS	331 S. FLA AVE #400		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL		CITY-ST-ZIP	Lakeland, FL 33801	
TITLE	COO	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	ATKINSON, JOHN		NAME		
STREET ADDRESS	331 S. FLA AVE #400		STREET ADDRESS	101 E. Kennedy Blvd. Suite 1250	
CITY-ST-ZIP	LAKELAND, FL 33801		CITY-ST-ZIP	Tampa, FL 33602	
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: Deborah P. Garringer — Deborah P. Garringer — 4/21/03 — 863-687-4010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #