2002 UNIFORM BUSINESS REPORT (UBR)

Apr 18, 2002 8:00 am Secretary of State DOCUMENT # 560073 1. Entity Name 04-18-2002 90485 009 ***150.00 RICHARD J. HAZEN P.A. Principal Place of Business Mailing Address 227 PENSACOLA ROAD 227 PENSACOLA ROAD VENICE FL 34285 VENICE FL 34285 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1806121 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 HAZEN, RICHARD J Street Address (P.O. Box Number is Not Acceptable) 227 PENSACOLA ROAD VENICE FL 34285 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 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 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. (See criteria on bath) After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change Addition TITLE ☐ Delete TITLE PD NAME NAME HAZEN, RICHARD J 227 PENSACOLA ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE, FL 00000 34285 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ` Addition - Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED