

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90104 008 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 602141**  
 1. Entity Name  
**FEE & KOBLEGARD, P.A.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**401 South Indian River Dr.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**401 South Indian River Dr.**  
 Suite, Apt. #, etc.

City & State  
**Fort Pierce, FL**

City & State  
**Fort Pierce, FL**

Zip  
**34950**

Country  
**US**

4. FEI Number  
**59-1294882**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**FRANK H. FEE, III**

Street Address (P.O. Box Number is Not Acceptable)  
**401 South Indian River Dr.**

City  
**Fort Pierce**

State  
**FL**

Zip Code  
**34950**

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 \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1: Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

TITLE **VSD**  
 NAME **KOBLEGARD, RN III**  
 STREET ADDRESS **2319 S Indian River Dr.**  
 CITY-ST-ZIP **Fort Pierce, FL 34950**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD**  
 NAME **FEE, FRANK H, III**  
 STREET ADDRESS **2821 S Indian River Dr.**  
 CITY-ST-ZIP **Fort Pierce, FL 34982**

TITLE  
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowers.

SIGNATURE:  **FRANK H. FEE, III, President** 4/23/02 772-461-5020  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

**DO NOT WRITE IN THIS SPACE**