## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 18, 2001 8:00 am Secretary of State **DOCUMENT # 602433** 1. Entity Name FISHER & SAULS, P.A. 04-18-2001 90031 009 \*\*\*150.00 Principal Place of Business Mailing Address 100 2ND AVE.SO. 100 2ND AVE.SO. SUITE 701 SUITE 701 ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1302304 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ADCOCK, LOUIE N JR Street Address (P.O. Box Number is Not Acceptable) 100 SECOND AVENUE SOUTH SUITE 701 ST. PETERSBURG FL 33701 Zip Code FL 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** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition ☐ Delete TITLE TITLE ADCOCK, LOUIE N JR NAME NAME STREET ADDRESS ONE BEACH DRIVE, #2714 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL ٧D VASD ☐ Change TITLE X Delete TITLE BAKER, RICHARD M Kenneth E. Thornton NAME STREET ADDRESS 205 25TH AVE N STREET ADDRESS 105 - 14th Avenue CITY-ST-ZIP St. Pete Beach, FL 33706 CITY-ST-ZIP ST. PETERSBURG FL TITLE X Change Addition TITLE ☐ Delete NAME BALLARD, WILLIAM C NAME STREET ADDRESS 1255 BRIGHTWATERS BLVD. STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP CITY-ST-ZIP **VDAT** TITLE Change Addition TITLE ☐ Delete VDT NAME POLSON, MARILYN M NAME STREET ADDRESS STREET ADDRESS 6140 7TH AVENUE N CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME KAPUSTA, ROBERT JR NAME STREET ADDRESS 1410 45TH AVENUE NO STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL TITLE Change ☐ Addition TITLE ☐ Delete

13. I hereby certify that the information supplied with this filing deep 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 of the 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 attachmen

NG OFFICER OR DIRECTOR

NAME

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP

MCLAIN, THOMAS H JR

455 34TH AVE. N.E.

ST. PETERSBURG FL

Thomas H. McLain, Jr.

STREET ADDRESS

CITY-ST-ZIP

04/12/01

(727) 822-2033

Daytime Phone #