FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered FISHER SAULS A

Feb 05, 2002 8:00 am \$ Secretary of State DOCUMENT # 602433 1. Entity Name FISHER & SAULS, P.A. Mailing Address Principal Place of Business 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 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1302304 Not Applicable Zip Country Zip 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 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 City 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 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 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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 OFFICERS AND DIRECTORS 11. Change ☐ Addition Delete TITLE CD TITLE ADCOCK, LOUIE N JR NAME NAME ONE BEACH DRIVE, #2714 STREET ADDRESS STREET ADDRESS ST PETERSBURG FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ Change TITLE VASD ☐ Delete TITLE NAME THORNTON, KENNETH E NAME STREET ADDRESS STREET ADDRESS 105-14TH AVENUE CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33706 ☐ Delete TITLE PD Change Addition VD TITLE BALLARD, WILLIAM C NAME NAME 1255 BRIGHTWATERS BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ST. PETERSBURG FL TITLE Change ☐ Addition **VDT** ☐ Delete TITLE POLSON, MARILYN M NAME NAME 6140 7TH AVENUE N STREET ADDRESS STREET ADDRESS ST PETERSBURG FL CRY-ST-ZIP CITY: ST: 7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE KAPUSTA, ROBERT JR NAME NAME STREET ADDRESS 1410 45TH AVENUE NO STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE MCLAIN, THOMAS H JR NAME NAME 455 34TH AVE. N.E. STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL CITY-ST-7IP CITY-ST-ZIP 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

William C. Ballard