2002 Üniform Business Report (UBR)

SIGNATURE: Robert C. Reid, Secretary/Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 27, 2002 8:00 am Secretary of State DOCUMENT # 602454 1. Entity Name 03-27-2002 90090 042 ***150 00 BRYANT, MILLER AND OLIVE, P.A. Principal Place of Business Mailing Address 201 S. MONROE ST., #500 201 S. MONROE ST., #500 TALLAHASSEE FL 32301 TALLAHASSEE FL 32301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1315801 Not Applicable Zip Country Country Zip \$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 Robert C. Reid MILLER: WILTON R. Street Address (P.O. Box Number is Not Acceptable) 201 South Monroe Street, Suite 500 201 S.MONROE ST.#500 TALLAHASSEE-FL 32301... City Tallahassee of changing its registered office or registered agent, or both, in the State of Florida. nent for the purpos Secretary/Treasurer Reid. 02/15/02 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 XX Delete TITLE TITLE ☐ Addition XX Change VP NAME MILLER, WILTON R. NAME Robert W. Olive, Jr. 201 S.MONROE ST.#500 STREET ADDRESS STREET ADDRESS 201 S. Monroe St, #500 CITY-ST-ZIP TALLAHASSEE FL CITY-ST-ZIP Tallahassee, FL 32301 TITLE SD ☐ Defete TITLE Change ☐ Addition NAME REID. ROBERT C NAME STREET ADDRESS STREET ADDRESS 201 S.MONROE ST.#500 CITY-ST-ZIP CITY-ST-7iP TALLAHASSEE FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME HANNA, RANDALL W STREET ADDRESS 201 S MONROE ST #500 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Tallahassee FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME judelle, eliŝe f NAME STREET ADDRESS STREET ADDRESS 201 S MONROE ST #500 CITY-ST-ZIP TALLAHASSEE FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trusted employeered 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 a minimum trusted in the corporation of the corporation of

FILED

02/15/02

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