NOT-FOR-PROFIT CORPORATION

CUR

FILED Jul 31, 2002 8:00 am Secretary of State 07-31-2002 90105 018 ****61.25

| CHIPONN BOSINESS REPORT (UBK) | | * - ' |
|---|------|-------|
| DOCUMENT # 747738 | | |
| 1. Entity Name | | 1 |
| Florida Association of Occupational Licensing Officia | als, | Inc. |

| Florid | a Association of Occupat | ional Licensin | g Officia | ls, Inc. | 77-31-2002 90103 010 01.2 | 2 .5 |
|---|--|------------------------------------|--|-----------------------------------|--|--|
| | · | | | | | |
| | DO NOT WRITE | IN THIS SF | PACE | | 971732 | |
| | Place of Business West Venice Ave | 3. Mailing Address 401 West Ven | iaa Arra | | • | |
| | ot. #, etc. | Suite, Apt. #, etc. | ite Ave | | O NOT WRITE IN THIS SPACE | |
| City & Si Veni | ate | City & State Venice, FL | | 4. FEI Number | 1000100 | ed For |
| Zip 34285- | Country 2006 USA | Zip 34285-2006 | Country USA | 5. Certificate of State | \$9.75 A L | |
| 1 | und | J.103 2030 | ODA. | 7. Name and Address | s of Current Registered Agent | |
| | | ن شدری بندیویتیشد عابیه | Name I | dward Hoefert | • - | |
| * | DO NOT WR | IIE | Street Ad | dress (P.O. Box Number is Not | Acceptable) | |
| 1 | IN THIS SPA | CE | 4 | 01 W Venice Ave | | |
| , market 1 | | | City | | Zip Code | |
| | | | 1 V | enice | □ ↓34285-2 | 006 |
| 8. The above | ve named entity submits this statement for the | e purpose of changing its re | egistered office or | registered agent, or both, in the | state of Florida. | |
| الإست | A11 16 | γ | | | | |
| SIGNATURE | | tvefect | <u></u> | | <u> </u> | |
| | Signature, typed or printed name of registered agent and til | lle if applijdable. (NOTE: i | Registered Agent signatur | e required when reinstating) | DATE | 1 |
| * | EEE IC PEA DE | 0 Flooring Comm | , | | | |
| | FEE IS \$61.25 Initial or Amended UBR | 9. Election Camp Trust Fund Co | | \$5.00 May Be Added to Fees | Make Check Payable to Department of State | |
| 10. | OFFICERS AND DIRECT | TORS | | | | |
| TITLE NAME | PD | | TITLE | | | - 13 |
| STREET ADDRESS | Castellano, Adriana | | LUNA DE | • • • | | . 13 |
| CITY-ST-ZIP | | | NAME STREET ADDRESS | | • | - |
| , |]PO Box 2200, 2105 N Ne | braska 33602 | NAME STREET ADDRESS CITY-ST-ZIP | · | | - |
| TITLE | PO Box 2200, 2105 N Ne Tampa, F1 33601-2200 | braska 33602 | STREET ADDRESS | | , | - |
| 1 | PO Box 2200, 2105 N Nell Tampa, F1 33601-2200 SD Hoefert, Edward | braska 33602 | STREET ADDRESS CITY-ST-ZIP | | | - |
| NAME STREET ADDRESS | Tampa, F1 33601-2200 SD Hoefert, Edward | | STREET ADDRESS CITY-ST-ZIP TITLE | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | PO Box 2200, 2105 N Ne Tampa, F1 33601-2200 SD Hoefert, Edward 401 W Venice Ave Venice, FL 34285-2006 | | STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY CT. 709 | | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE | PO Box 2200, 2105 N Ne Tampa, F1 33601-2200 SD Hoefert, Edward 401 W Venice Ave Venice, FL 34285-2006 | | STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | PO Box 2200, 2105 N Nell Tampa, F1 33601-2200 SD Hoefert, Edward 401 W Venice Ave Venice, FL 34285-2006 D Pinkerman, Mary | | STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | PO Box 2200, 2105 N Nell Tampa, F1 33601-2200 SD Hoefert, Edward 401 W Venice Ave Venice, FL 34285-2006 D Pinkerman, Mary 1701 Barbados Rd | | STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | | IOTWRITE | management of a |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | PO Box 2200, 2105 N Nell Tampa, F1 33601-2200 SD Hoefert, Edward 401 W Venice Ave Venice, FL 34285-2006 D Pinkerman, Mary 1701 Barbados Rd Lake Clarke Shores, FL | | STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | DOA | IOT WRITE | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | PO Box 2200, 2105 N Nell Tampa, F1 33601-2200 SD Hoefert, Edward 401 W Venice Ave Venice, FL 34285-2006 D Pinkerman, Mary 1701 Barbados Rd Lake Clarke Shores, FL D | | STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | DOA | IOT WRITE | man, manufarger 10 |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS | PO Box 2200, 2105 N Nellampa, F1 33601-2200 SD Hoefert, Edward 401 W Venice Ave Venice, FL 34285-2006 D Pinkerman, Mary 1701 Barbados Rd Lake Clarke Shores, FL D Kelly Sandra | | STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS | DOA | | man, manufarga 14 d |
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| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP | PO Box 2200, 2105 N Nel Tampa, F1 33601-2200 SD Hoefert, Edward 401 W Venice Ave Venice, FL 34285-2006 D Pinkerman, Mary 1.701 Barbados Rd Lake Clarke Shores, FL D Kelly, Sandra 100 N US Hwy 1 Ft. Pierce, FL 34950 T | | STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | DOA | | |
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| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | PO Box 2200, 2105 N Nel Tampa, F1 33601-2200 SD Hoefert, Edward 401 W Venice Ave Venice, FL 34285-2006 D Pinkerman, Mary 1701 Barbados Rd Lake Clarke Shores, FL D Kelly, Sandra 100 N US Hwy 1 Ft. Pierce, FL 34950 T Bukovan, Barbara 201 Highland Ave Largo, F1 33770 D Barnes, Ann | | STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | DOA | | |

Wilton ManoaR, 12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara

Secretary NING OFFICER OR DIRECTOR

7/11/2003

X7206

| 200 | 2 UNIFORM BUSIN | IESS REPO | RT (UBR) |) | رسر مل دردا | ls | |
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| DOC | MENT # 747738 | • | | | poter 1005 | ٠٩٠٠ | 4 |
| 1. Entity Na | | | | | 12N/S | | |
| G OFFI | ORIDA ASSOCIATION OF OCCU CIALS, INC., (FAOLO),. | PATIONAL LICENS | SIN | FREV | 170 | | |
| Principal Pla | ace of Business | Mailing Address | • | | | | _ |
| 100 NW 1ST | | 100 NW 1ST AVE | | | | 1173 | \mathcal{O} |
| DELRAY BCH | | DELRAY BCH FL 33444 US | | | 1 / | 11/2 | |
| 2. Principal | Place of Business 3 | 3. Mailing Address | | | | | |
| Suite, Apt | t. #, etc. | Suite, Apt. #, etc. | | | DO NOT WRITE IN TH | HIS SPACE | |
| City & Sta | ate | City & State | | 4. FEI Number | 1000100 | | pplied For |
| Zip | Country | Zip | Country | 5. Certificate of Sta | 9-1922100 | \$8.75 Ac | lot Applicabl |
| <u>.</u> | 6. Name and Address of Current Reg | listered Agent | | | | Fee Require | |
| | The second secon | Istored Agent | Name | 7. Name and Add | ress of New Register | ed Agent_ | |
| DESORM | EAU, JOYCE | | Street Addre | ess (P.O. Box Number is N | lot Acceptable) | | |
| 121 N.E. | 16TH STREET | | | | . | - | · · · |
| DELRAY I | BEACH FL 33444 | | City | | | Tin Con | |
| O The about | e named entity submits this statement for the | | 1 ' | .,, | | Zip Coc | |
| SIGNATURE | Signature, typed or printed name of registered agent and ti | 7 | E: Registered Agent signature re- | | DAT | | |
| প্ | After September 13, 2002, min. will be \$236.25. | Trust Fund C | npaign Financing Contribution. | \$5.00 May Be Added to Fees | | eck Payable nent of State | |
| 10. | OFFICERS AND DIRECT | ORS | 11. | ADDITIONS/CHANGE | S TO OFFICERS AND | DIRECTORS IN | V 10 |
| TITLE NAME | PD Barnes, ann | ☐ Delete | TITLE | | | ☐ Change | Addition |
| STREET ADDRESS | 524 NE 21ST COURT | | NAME STREET ADDRESS | | | | |
| CITY-ST-ZIP | WILTON MANORS FL | | CITY-ST-ZIP | | | | 71.71 |
| TITLE NAME | D Fick, Debbie | ☐ Delete | TITLE NAME | | | Change | ☐ Addition |
| STREET ADDRESS | 5985- 10TH AVE N. | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | GREENACRES CITY-FL 33463- | | CITY-ST-ZIP | 7 | | | |
| TITLE | D DANIEL STEEL STEEL | ☐ Delete | TITLE | | | ☐ Change | Addition |
| NAME STREET ADDRESS | RAINWATER, JOHN | FE C1 20212 | NAME CTREET ADDRESS | | | | |
| CITY-ST-ZIP | 1000, 1710 WE WILL 01., 012 01 02012 | | STREET ADDRESS CITY-ST-ZIP | | | | |
| TITLE | SD | ☐ Delete | TITLE | | | ☐ Change | Addition |
| NAME | DESORMEAU, JOYCE A. | | NAME | • | | _ , | _ |
| STREET ADDRESS CITY-ST-ZIP | 100 N.W. 1ST AVE. DELRAY FL | | STREET ADDRESS CITY-ST-ZIP | | | | |
| TITLE | TD | ☐ Delete | TITLE | | | □ Chana: | A adultation |
| NAME | BARBARA BUKOVAN | C Delete | NAME | | | Change | ☐ Addition |
| STREET ADDRESS | 225 1ST AVE SW | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | LARGO FL 33770 VPD | | CITY-ST-ZIP | | | | |
| TITLE NAME | CASTELLANO, ADRIANA | ☐ Delete | TITLE | | | Change | ☐ Addition |

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: SIGNATURE REQUIRED

STREET ADDRESS PO BOX 2200, 2105 N. NEBRASKA - 33602

TAMPA FL 33601-2200

^{12.} 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.