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DOCUMENT # F12889 1. Entity Name RICHARD A. BOLINGER, P.A.				FILED Jan 10, 2001 8:00 am Secretary of State		
Principal Place of Business 1708-21ST STREET P.O. BOX 369 VERO BCH FL 32961-7369		Mailing Address P.O. BOX 369 P O BOX 369 VERO BCH FL 32961- US	-7369	01-10-2001 90063 009 ***15		
	Place of Business - LOTH AVE #, etc.	3. Mailing Address	TH AVE	DO NOT WRITE IN THIS SPAC		
City & Star	Beach FL	City & State	2 d FL	4. FEI Number 59-2044509	Applied For Not Applicable 75 Additional	
3296	o us	32960	us		Required	
	6. Name and Address of C	urrent Registered Agent	Name	7. Name and Address of New Registered Agen	<u>t · </u>	
BOLINGER, RICHARD A. 1708 21ST STREET P.O.BOX 369 VERO BCH FL 32961				Street Address (P.O. Box Number is Not Acceptable) 2)27-107H City Vero Back FL Zin Code 32560		
9. This corporate filling	Price A Display Supports this stater A Display A Display to printed name of register oration is eligible to satisfy its Interequirement and elects to do so. ria on back)	ed agent and tril applicable. angible FILE N After MAY	NOTE: Registered Agent signature IOW!!! FEE IS \$150.00 1, 2001 Fee will be \$55 Payable to Department of	0.00 Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11.		S AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIR		
NAME STREET ADDRESS CITY-ST-ZIP	PD BOLINGER, RICHARD A. 1708 21ST STREET VERO BCH FL	☐ Delete	NAME	2127-107H AVE Jees Boach FL 3296	Change Addition 0/01)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9 00	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE		□ Delete	TITLE		Change	

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 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 attachment with an address, with all other like empowered.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE: Kichael & Soling of Signature and Typed OR PRINTED NAME OF SIGNATURE OF DIRECTOR

NAME

STREET ADDRESS

CITY-ST-ZIP

1/4/01 54-778-3344 Date Caytime Phone #