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2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G23751

1. Entity Name: KELLY AND SCHIRO, P.A.

FILED
01 AUG 29 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1880 Arlington Street Suite 103 Sarasota FL 34239	1880 Arlington Street Suite 103 Sarasota FL 34239

2. Principal Place of Business	3. Mailing Address
1921 Waldemere Street	1921 Waldemere Street
Suite, Apt. #, etc.: Suite 707	Suite, Apt. #, etc.: Suite 707
City & State: Sarasota FL	City & State: Sarasota FL
Zip: 34239 Country: US	Zip: 34239 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2290347 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KELLY, Thomas F. 1880 Arlington Street Suite 103 Sarasota FL 34239	Name: SCHIRO, Joseph C. Street Address (P.O. Box Number is Not Acceptable): 1921 Waldemere Street Suite 707 City: Sarasota FL Zip Code: 34239

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: Joseph C. Schiro Joseph C. Schiro 8/23/01
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD KELLY, Thomas F. 1880 Arlington Street Sarasota FL 34239 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400004586424--2 -09/13/01--01010--006 *****70.00 *****70.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD SCHIRO, Joseph C. 1880 Arlington Street Sarasota FL 34239 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD SCHIRO 1921 Waldemere Street, Suite 707 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD CARLSON, Robert G. 1921 Waldemere Street, Suite 707 Sarasota FL 34239 ☐ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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.

SIGNATURE: Joseph C. Schiro Joseph C. Schiro President 941/366-6660 8/23/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #