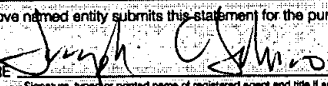
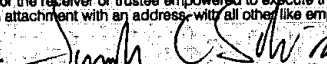


A - M - E - N - D - E - D

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G23751				FILED 01 AUG 29 PM 12:02 SECRETARY OF STATE TALLAHASSEE, FLORIDA							
1. Entity Name KELLY AND SCHIRO, P.A.											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Principal Place of Business</td> <td colspan="2">Mailing Address</td> </tr> <tr> <td colspan="2">1880 Arlington Street Suite 103 Sarasota FL 34239</td> <td colspan="2">1880 Arlington Street Suite 103 Sarasota FL 34239</td> </tr> </table>						Principal Place of Business		Mailing Address		1880 Arlington Street Suite 103 Sarasota FL 34239	
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 1921 Waldemere Street Suite, Apt. #, etc. Suite 707 City & State Sarasota FL Zip 34239		3. Mailing Address 1921 Waldemere Street Suite, Apt. #, etc. Suite 707 City & State Sarasota FL Zip 34239		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 8/23/01 Signature, typed 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 ☐ \$5.00 May Be Added to Fees Trust Fund Contribution.											
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11								
TITLE PTD ☒ Delete NAME KELLY, Thomas F. STREET ADDRESS 1880 Arlington Street CITY-ST-ZIP Sarasota FL 34239			TITLE ☐ Change ☐ Addition NAME SCHIRO, Joseph C. STREET ADDRESS 1921 Waldemere Street, Suite 707 CITY-ST-ZIP Sarasota FL 34239								
TITLE VSD ☐ Delete NAME SCHIRO, Joseph C. STREET ADDRESS 1880 Arlington Street CITY-ST-ZIP Sarasota FL 34239			TITLE PTD ☐ Change ☒ Addition NAME SCHIRO, Joseph C. STREET ADDRESS 1921 Waldemere Street, Suite 707 CITY-ST-ZIP Sarasota FL 34239								
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE VSD ☐ Change ☒ Addition NAME CARLSON, Robert G. STREET ADDRESS 1921 Waldemere Street, Suite 707 CITY-ST-ZIP Sarasota FL 34239								
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP								
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE ☐ Change ☐ Addition NAME 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 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 President 941/366-6660 8/23/01											

CR2E034 (11/00)