FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 27, 2002 8:00 am DOCUMENT # H08074 **Secretary of State** 1. Entity Name 02-27-2002 90089 028 ***150.00 RIES & FICARRA, P.A. Mailing Address Principal Place of Business 4837 SWIFT ROAD, SUITE #210 4837 SWIFT ROAD. SUITE #210 SARASOTA FL 34231 SARASOTA FL 34231 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-2413568 Not Applicable Zip Country Zip Country \$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 RIES, MICHAEL R. Street Address (P.O. Box Number is Not Acceptable) 4837 SWIFT ROAD, SUITE #210 SARASOTA FL 34231 Zip Code City 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 . 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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE TITLE Change DP ☐ Delete NAME NAME RIES, MICHAEL R. STREET ADDRESS 4837 SWIFT RD., #210 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL Change ☐ Addition TITLE ☐ Delete NAME FICARRA, FRANK A. STREET ADDRESS 4837 SWIFT RD., #210 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . Addition TITLE Delete TITLE [] Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 eath; 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.

MICHAEL RIES