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## **2002 UNIFORM BUSINESS REPORT (UBR)**

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SIGNATURE:

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## Feb 20, 2002 8:00 am Secretary of State DOCUMENT # H19975 1. Entity Name 02-20-2002 90056 040 \*\*\*150 00 BAYNARD, HARRELL, OSTOW & ULRICH, P.A. Principal Place of Business Mailing Address 100 SECOND AVENUE. SOUTH 100 SECOND AVENUE. SOUTH STE. 1201 STE, 1201 ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2459567 Not Applicable Zip Country 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 STEPHENSON, RONALD L. Street Address (P.O. Box Number is Not Acceptable) 100 SECOND AVENUE SOUTH STE. 1201 ST. PETERSBURG FL 33701 City Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change Stephenson, Ronald L. NAME STEPHENSON, RONALD L. NAME 100 SECOND AVENUE, SOUTH, SUITE 1201 STREET ADDRESS STREET ADDRESS 100 Second Avenue South, Suite 1201 CITY-ST-ZIP ST. PETERSBURG FL CITY-ST-ZIP St. Petersburg, FL 33701 TITLE TITLE ☐ Change ☐ Addition **DVPS** NAME PUNZAK, DAVID R. NAME STREET ADDRESS 1 PROGRESS PLAZA, 23RD FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIE CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Ronald L. Stephenson,

President 02/03/02 Daytime Phone #

727-823-5000