2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 20, 2000 8:00 am Secretary of State **DOCUMENT # J26623** 1. Entity Name DAVID A. SAPP, P.A. 01-20-2000 90177 007 ***158.75 Principal Place of Business Mailing Address 1967 MEANDER CIRCLE 1967 MEANDER CIRCLE CANTONMENT FL 32533-5615 **CANTONMENT FL 32533** AUUU8994 3. Mailing Address 2. Principal Place of Business 1017 North 12th Avenue 1017 North 12th Avenue Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Pensacola, Florida Pensacola, Florida Applied For City & State City & State 4. FEI Number 59-2702412 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 32501 32501 US US 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name David A Sapp SAPP, DAVID A Street Address (P.O. Box Number is Not Acceptable) 1017 North 12th Avenue 1967 MEANDER CIRCLE **CANTONMENT FL 32533** Pensacola 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. <u>January 12, 2000</u> David A. Sapp 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, 2000 Fee will be \$550.00 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 12. 11. Change Addition DPS DPS TITLE ☐ Delete TITLE SAPP, DAVID A. NAME Sapp, David A. STREET ADDRESS STREET ADDRESS 1967 MEANDER CIRCLE 1017 North 12th Avenue Pensacola, Florida 32501 CITY-ST-ZIP CITY-ST-ZIP **CANTONMENT FL 32533** Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE

13. I hereby certify that the information supplied with this filling 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 empowers to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapted or on an attachment with an address with directly an appear. opher lik changed, or on an attachment with an address, with a

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE: David A. Sapp

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF

January 12, 2000