2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 15, 2002 8:00 AM
Secretary of State

DOCUMENT# K07897

Entity Name: DORNE', ROCKEY, SECUNDA AND MAGEE, P.A.

Current Principal Place of Business:

4 OLD KINGS RD. NORTH
PALM COAST, FL 321378226

New Principal Place of Business:

4 OLD KINGS RD. NORTH
A
PALM COAST, FL 321378226

Current Mailing Address:

4 OLD KINGS RD. NORTH
PALM COAST, FL 321378226

New Mailing Address:

4 OLD KINGS RD. NORTH
A
PALM COAST, FL 321378226

FEI Number: 59-2860813 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GORDON, MITCHELL A
149 S RIDGEWOOD AVE STE 710
SUITE B
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	DORNE', WILLIAM PADG, ETT	
Address:	4 OLD KINGS RD. NORTH	
City-St-Zip:	PALM COAST, FL	
Title:	PD	( ) Delete
Name:	ROCKEY, D.S. (PAT),	
Address:	4 OLD KINGS RD. NORTH	
City-St-Zip:	PALM COAST, FL	
Title:	D	( ) Delete
Name:	SECUNDA, RICHARD M.,	
Address:	4 OLD KINGS ROAD NORTH	
City-St-Zip:	PALM COAST, FL	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	( ) Change (X) Addition
Name:	MAGEE, SHAWN P,	
Address:	4 OLD KINGS ROAD NORTH	
City-St-Zip:	PALM COAST, FL 321378226 US	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. PADGE DORNE DMD 07/15/2002

Electronic Signature of Signing Officer or Director — Date