FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

Apr 26, 2001 8:00 am Secretary of State **DOCUMENT # K51907** 1. Entity Name DR. DUPHORN, JOHNSTON & COMPANY, U.S.A., INC. 04-26-2001 90030 026 ***150.00 Principal Place of Business Mailing Address 4625 N MANHATTAN, STE J 4625 N MANHATTAN, STE J **TAMPA FL 33614 TAMPA FL 33614** 2. Principal Place of Business 3. Mailing Address SHYC MARINER ST SYYS MARINER ST, DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-2927759 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DEE, DAVID A Imber is Not Acceptable 201 E. KENNEDY BLVD. STE. 1400 **TAMPA FL 33602** City na 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, 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 filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) Change ☐ Delete TITLE TITLE JOHNSTON, F S III NAME NAME SYYS MARINER ST. SLite 309 STREET ADDRESS STREET ADDRESS 4625 N MANHATTAN, SJ tampa, FC 33609 CITY-ST-ZIP CITY-ST-7IP TAMPA FL Delete TITLE TITLE NAME TAAFFE, MALCOLM G NAME SYUS MARINER ST. Suite 309 STREET ADDRESS STREET ADDRESS 4625 N MANHATTAN, SJ tumpa, FC 33669 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Delete TITLE TITLE NAME DEE, DAVID A NAME 405 W. Azeele St. Tampa FL 33606 STREET ADDRESS STREET ADDRESS 201 E. KENNEDY BLVD., #1400 CITY-ST-ZIP CITY_ST_ZIP Tampa-Fl-TITLE ☐ Delete TITLE ☐ Change Addition 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 Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS 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 trusted as powered 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 static section.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR