FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 02, 2002 8:00 am Secretary of State K73850 DOCUMENT # 1. Entity Name PRATO & HEUMANN, ARCHITECTS, P.A. 05-02-2002 90039 045 ***150.00 Mailing Address Principal Place of Business 412 OSCEOLA AVE 412 OSCEOLA AVE JACKSONVILLE FL 32250 JACKSONVILLE FL 32250 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2937431 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WALKER, JAMES V., ESQ. Street Address (P.O. Box Number is Not Acceptable) 217 PONTE VEDRA PARK DRIVE SUITE 200 Zip Code PONTE VEDRA BEACH FL 32082 City FL 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be 9. This corporation is eligible to satisfy its Intangible After May 1, 2002 Fee will be \$550.00 Jax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITLE DPST TITLE NAME PRATO, ARNOLD NAME STREET ADDRESS 412 OSCEOLA AVE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32250 CITY-ST-ZIP Please delete Lane reffery he is no longer with our Co. TITLE Delete TITLE NAME LANE, JEFFREY NAME STREET ADDRESS 412 OSCEOLA AVE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32250 CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE NAME HEUMANN, DANIEL J STREET ADDRESS 412 OSCEOLA AVE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32250 CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE 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

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 of 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 received rustee 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Change

☐ Addition

CR2E034 (9/01)