2002 UNIFORM BUSINESS REPORT (UBR)

Apr 03, 2002 8:00 am Secretary of State DOCUMENT # L0000015791 1. Entity Name 04-03-2002 90022 032 ****50.00 CPA ASSOCIATES, P.L.C. Principal Place of Business Mailing Address 1301 SIXTH AVENUE WEST, SUITE 600 1301 SIXTH AVENUE WEST. SUITE 600 **BRADENTON FL 34205-7440 BRADENTON FL 34205-7440** 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 65-1064045 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KING, JEFFREY L Street Address (P.O. Box Number is Not Acceptable) 1301 SIXTH AVENUE WEST, SUITE 600 **BRADENTON FL 34205-7440** 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TITLE ☐ Delete TITI F Change ☐ Addition MARLAR, JERRY NAME NAME STREET ADDRESS 1301 SIXTH AVE W., STE 600 STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34205** CITY-ST-ZIP ٧T TITLE ☐ Delete TITLE ☐ Change ☐ Addition KING, JEFFREY L NAME STREET ADDRESS 1301 SIXTH AVE W., STE 600 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34205** ٧S TITLE ☐ Delete TITLE ☐ Change ☐ Addition HOFFNER, DALE R NAME NAME STREET ADDRESS 1301 SIXTH AVE W., STE 600 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34205** TITLE Delete TITLE ☐ Change Addition NAME MODRAK, DENNIS M NAME STREET ADDRESS 1301 SIXTH AVE W., STE 600 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BRADENTON FL 34205** TITLE Delete ☐ Change ☐ Addition NAME STATHIS, STAM W NAME STREET ADDRESS 1301 SIXTH AVE W., STE 600 STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34205** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: