FILED Apr 23, 2002 8:00 am Secretary of State

04-23-2002 90436 036 ***150.00

DO NOT WRITE IN THIS SPACE

2002 UNIFORM BUSINESS REPORT (UBR)

L11557

DOCUMENT # 1. Entity Name

DOUGLAS M. SIEB, P.A.

Principal Place of Business 240 N. WASHINGTON BLVD. SUITE 200 SARASOTA FL 34236

Mailing Address 240 N. WASHINGTON BLVD.

SUITE 200 SARASOTA FL 34236

US

2. Principal Place of Business 2033 Main Street Suite, Apt. #, etc.

34237

Sarasota

6. Name and Address of Current Registered Agent

FL

3. Mailing Address <u>2033 Main Street</u> Suite, Apt. #, etc.

Suite 301 City & State

Sarasota, FL

34237 Country 4. FEI Number

65-0148531 5. Certificate of Status Desired

\$8.75 Additional Fee Required...

Applied For

Not Applicable

Sarasota 7. Name and Address of New Registered Agent

Douglas M. Sieb

Street Address (P.O. Box Number is Not Acceptable) 2033 Main Street

Suite_301

(NOTE Herissia of Adent significance required when reinstating)

Sarasota

Zip Code 34237

subpoits this statement for the gurpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above name

SIGNATURE

SUITE 200

Suite 301 City & State

Sarasota,

34237

SIEB, DOUGLAS M.

SARASOTA FL 34236.

(See criteria on back)

240 N WASHINGTON BLVD

nt and title if applicable

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI E PVTS ☐ Delete TITLE **PVTS** ☐ Addition NAME SIEB. DOUGLAS M. NAME Douglas M. Sieb STREET ADDRESS 240 N. WASHINGTON BLVD.#200 STREET ADDRESS 2033. Main Street, Suite 301 CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP Sarasota, FL 34237 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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 eport 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 of trustee empowered to execute the 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 or powered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

DOuglas M. Sieb, President

CR2E034 (9/01)