FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Jan 10, 2003 8:00 am Secretary of State L16773 DOCUMENT # 1. Entity Name 01-10-2003 90020 028 ***150.00 TIMOTHY NICHOLAS THOMES, P.A. Principal Place of Business Mailing Address 99198 OVERSEAS HWY 400 CORAL LANE KEY LARGO FL 33037-5115 KEY LARGO FL 33037 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0140384 Not Applicable Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THOMES, TIMOTHY NICHOLAS Street Address (P.O. Box Number is Not Acceptable) 99198 OVERSEAS HIGHWAY SUITE 8 KEY LARGO FL 33037 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change CR2E034 (10/02) Addition NAME THOMES, TIMOTHY N NAME STREET ADDRESS **400 CORAL LANE** STREET ADDRESS CITY-ST-ZIP KEY LARGO FL 32037-5115 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 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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-ZIF CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP I hereby certify that the information supplied with this filing does not cralify 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 did 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 trace empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

SIGNING OFFICER OR DIRECTOR