

FILED
Apr 02, 2003 8:00 am
Secretary of State

14-00000

DOCUMENT #

L37289

1. Entity Name

PIERCE, DEEGAN & HODGIN, PROFESSIONAL ASSOCIATION

Principal Place of Business

4001 WEST NEWBERRY ROAD
BUILDING A-IV
GAINESVILLE FL 32607

Mailing Address

4001 WEST NEWBERRY ROAD
BUILDING A-IV
GAINESVILLE FL 32607

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2979006

Applied For

Not Applicable

5. Certificate of Status Desired

5. Certificate of Status Desired

8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEEGAN, CAROL P.
4001 WEST NEWBERRY RD.
BUILDING A-IV
GAINESVILLE FL 32607

7. Name and Address of New Registered Agent

Name

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

City

FL

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

D

NAME

DEEGAN, CAROL P.

STREET ADDRESS

4001 W. NEWBERRY RD.

CITY-ST-ZIP

GAINESVILLE FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

12. 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

3/31/03

352-375-7139