2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 07, 2002 8:00 am Secretary of State DOCUMENT # L83386 1. Entity Name 03-07-2002 90011 035 ***150.00 VAN MIDDLESWORTH AND COMPANY, P.A. Principal Place of Business Mailing Address C/O CHARLES VAN MIDDLESWORTH C/O CHARLES VAN MIDDLESWORTH 678 FOURTH STREET NORTH 678 FOURTH STREET NORTH ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701 3. Mailing Address 2. Principal Place of Business Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3026738 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VAN MIDDLESWORTH, CHARLES Street Address (P.O. Box Number is Not Acceptable) **678 FOURTH STREET NORTH** ST. PETERSBURG FL 33701 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) A PARTILE MOMINIFIED S 150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE ☐ Delete TITLE VAN MIDDLESWORTH, GUY G NAME NAME 678- 4TH STREET NORTH STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33701 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TD ☐ Delete TITLE NAME VAN MIDDLESWIRTH, CHARLES E STREET ADDRESS STREET ADDRESS 678- 4TH STREET NORTH CITY-ST-7IP CITY-ST-ZIP SAINT PETERSBURG FL 33701 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME VAN MIDDLESWORTH, JILL M NAME STREET ADDRESS STREET ADDRESS 678 - 4TH STREET NORTH CITY-ST-ZIP CITY-ST-7IP SAINT PETERSBURG FL 33701 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

FILED