

NO1 000008486

Requester's Name  
**CENTER FOR DERMATOLOGY  
AND SKIN SURGERY, INC.**  
14521 University Point Place  
Tampa, Florida 33613  
City/State/Zip Phone #

900005666169--8  
-05/03/02--01094--004  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☒ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

FILED  
02 JUN -3 PM 3:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Examiner's Initials *AC 6/7*

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED  
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : UNIVERSITY POINT PROPERTY OWNERS  
ASSOCIATION, INC.

2. The mailing address of the corporation : \_\_\_\_\_

3. Date of incorporation/qualification: \_\_\_\_\_ Document number: \_\_\_\_\_

4. The name and address of the current registered agent and registered office:

\_\_\_\_\_

\_\_\_\_\_

5. The name and address of the new registered agent (if changed) and /or registered office (if changed):

STEVEN PROPER  
14521 UNIVERSITY POINT PLACE  
TAMPA, FL 33613

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

X

\_\_\_\_\_  
(Signature of an officer, chairman or vice chairman of the board)

5-17-02  
(Date)

STEVEN PROPER, PRES.

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

X

\_\_\_\_\_  
(Signature of Registered Agent)

5-17-02  
(Date)

If signing on behalf of an entity:

STEVEN PROPER  
(Typed or Printed Name)

(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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