## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) May 15, 2002 8:00 am Secretary of State P00000020437 DOCUMENT # 1. Entity Name 05-15-2002 90147 034 \*\*\*150 00 PATRICIA DUSESOI, P.A. Principal Place of Business Mailing Address 693A VINTAGE RESERVE CIRCLE 693A VINTAGE RESERVE CIRCLE NAPLES FL 34119 NAPLES FL 34119 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3628460 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JEFFREY R. (P.O. Box Number is Not Acceptable) INTAGE LESERVE CIRCLE 9915 TAMIAMI-TRAIL NORTH NAPLES FL 34108 8. The above named entity subgrits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE re, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DP ☐ Delete TITLE Change ☐ Addition TITLE DUSESOI, PATRICIA NAME NAME 639 A VINTAGE RESERVE CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34119 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete

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 in changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)