| 2001 | UNIFORM BUSI | NESS REPO | RT (L | JBR) | | FILED | • | | | - |
|--|--|---|---|--|--|----------------|---------------------------|---------------------|------------------|-------------|
| DOCUMENT # P0000035214 1. Entity Name DOBLER CONSULTING, INC. | | | | - | Jan 03, 2001 08:00 AM Secretary of State | | | | | |
| Principal Plac | e of Business BLVD., UNIT 6201 | Mailing Address 2717 8AVILLE BLVD., UNIT 6201 | | | | | | | | |
| CLEARWATER 33764 | R FL | CLEARWATER 33764 | | FL | | | | | | |
| 2. Principal Place of Business 300 FEATHER TREE DRIVE | | 3. Mailing Address 300 FEATHER TREE DRIVE | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | | | |
| City & State CLEARWATER FL | | City & State CLEARWATER | | FL | | | plied For t Applicable | | | |
| Zip 33765 | Country | Zip 33765 | Country | | 5. Certificate of St | atus Desired | □ \$8. Fee | .75 Add Required | itional | |
| 6. Name and Address of Current Registered Agent DOBLER PETER M 2717 SAVILLE BLVD., UNIT 6201 CLEARWATER FL | | | | treet Address (F | 7. Name and Address of New Registered Agent ER PETER M Address (P.O. Box Number is Not Acceptable) ATHER TREE DRIVE | | | | | |
| 33764 | | | | ity LEARWATER | | | FL | Zip Code 33765 | | 1 |
| 9. This corporate filling representations (See criter) | PETER DOBLER Signature, typed or printed name of registered agent a praction is eligible to satisfy its Intangible equirement and elects to do so. ia on back) | nd title if applicable. (NOTE: FILE NOW!!! After MAY 1, 200 Make Check Payable | Registered Age | nt signature required \$150.00 be \$550.00 | when reinstating) 10. Election | | 01/03/20 DATE | \$5.0 | O May Be to Fees | |
| 11. | OFFICERS AND | | 12. | | ADDITIONS/CHA | NGES TO OFFICE | | | |]_ |
| NAME STREET ADDRESS CITY-ST-ZIP | DOBLER PETER M 2717 SAVILLE BLVD., UNIT 6201 CLEARWATER | ☐ Delete FL 33764 | NAME STREET AD CITY-ST-2 | | ER PETER CATHER TREE DRIV RWATER | M VE | FL 337 | Change 65 | ☐ Addition | 034 (11/00) |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET AD CITY-ST-2 | | | *** | | Change | Addition | CR2E03 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Delete | TITLE NAME STREET AD CITY-ST-2 | | | | | Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET AD CITY-ST-2 | l l | | | | Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET AD CITY-ST-2 | | | · | | Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET AD CITY-ST-Z | IP . | | | | Change | ☐ Addition | |
| of the cor | tertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, where the property of the pr | True and accurate and that my | | | ame legal effect as i , Florida Statutes; an | | | | | |
| J. J. 14/1 | | NAME OF SIGNING OFFICER OF | RDIRECTOR | | | Date | Davtim | e Phone # | | |

Daytime Phone #

Date