## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P00000057798

## FILED May 09, 2002 8:00 am Secretary of State

MITCHELL PETIT O.D. & ASSOCIATES, P.A.					05-09-20	02 90012	036 ***150.00
DO NOT WRITE IN THIS SPACE					В	00929	163
2. Principal Place	e of Business Street North	3. Mailing Addr	ess h Street Nort	<b>h</b>	• •		
Suite, Apt. # etc.		Suite, Apt. #.			20 1107 1107		
		Oute, Apt. #,			DO NOT WRITE	IN THIS SPA	CE
City & State		City & State			4. FEI Number . Applied for		
St. Petersburg, Florida  Zip Country			St. Petersburg, Florida				Not Applicable
33710	Country U.S. A.	Zip 33710	Country U.S. A	<b>1</b> , 5. (	Certificate of Status Desired		8.75 Additional ee Required
					Name and Address of Current		
		Name Mitch	Mitchell Petit				
DO-NOT-WRITE				-Street Address (P.O. Box Number is Not Acceptable).			
IN THIS SPACE				2000 66th Street North			
			City		St. Petersburg FL Zip Code 33710		
8. The above nam	ned entity submits this stateme	ent for the purpose of	changing its regist	ered office or registere	ed agent, or both, in the State of	Florida	33710
SIGNATURE:	Mithall &	- Distribution		•			BU action
	Signature, typed or printed name of	registered agent and tit	le if applicable	(NOTE: Registered Age	nt signature required when reinstating	ıa)	04 24 02 DATE
	is eligible to satisfy its Intangibl it and elects to do so back)		ax January 1 - May 1 Fee is \$150		Election Campaign Fi Trust Fund Contributi	inancing	\$5.00 may be added to Fees
11.	OFFICERS AND D		Check Payable to				
TITLE	OFFICERS AND DI	· · · · · · · · · · · · · · · · · · ·	Delete	12. ADDITIONS	CHANGES TO OFFICERS A	ND DIREC	
NAME ~~	Petit, Mitchell	Ц	Deterie	NAME			☐ Change ☐ Addition
STREET ADDRESS	2000 66th Street No	orth		STREET ADDRESS			
CITY-ST-ZIP	St. Petersburg, Flori			CITY-ST-ZIP			
TITLE			☐ Delete	TITLE		·····	Change   Addition
NAME STREET ADDRESS				NAME			
CITY-ST-ZIP	•	•		STREET ADDRESS CITY-ST-ZIP			
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NAME .				NAME			☐ Change ☐ Addition
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TITLE			☐ Delete	TITLE	<del> </del>	·	☐ Change ☐ Addition
NAME STREET ADDRESS				NAME			
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TITLE &			☐ Delete	TITLE	, , , , , , , , , , , , , , , , , , , ,	<del>.</del> , <u>.</u>	Change C Addition
NAME Just			Delen	NAME	•		Change   Addition
STREET ADDRESS				STREET ADDRESS			+
CITY-ST-ZIP				CITY-SI-ZIP			
report or supplem	nental report is true and accurate a ed to execute this report as require rered.	and that my signature sha ad by Chapter 607, Florid	all have the same leg- da Statutes; and that i	al effect as if made under	), Florida Statutes. I further certify the oath, that I am an officer or director k 11 or Block 12 if changed, or on ar	of the comoret	ion or the receiver or
	Mitchell Petit O.D.		P.A.	a.			
SIGNATURE:	By: Mothe	u K. Pit	式 Mitcl	nell Petit	CH DL	(7	27) 341-1987