FILED
Jun 04, 2003 8:00 am
Secretary of State

04-30-2003 90164 005 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000097951

1. Entity Name
TRAYNOR-DENNIS ACCOUNTING, INC.

Principal Place of Business	Mailing Address
5728 MAIN STREET NEWPORT RICHEY FL 34652	5728 MAIN STREET NEWPORT RICHEY FL 34652

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
5370 MAIN ST.	5370 MAIN ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NEW PORT RICHEY, FL.	City & State: NEW PORT RICHEY, FL
Zip: 34652 Country: PASCO	Zip: 34652 Country: PASCO

4. FEI Number 59-3675255 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name: LARRY C. SCHALLES
Street Address (P.O. Box Number is Not Acceptable): 2749 SAN PEDRO DR.
City: NEW PORT RICHEY FL Zip Code: 34655

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHALLES, LARRY C 2749 SAN PEDRO DRIVE NEW PORT RICHEY FL 34655 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOLKINS, JEFFREY L 1300 GLENSIDE AVENUE PALM HARBOR FL 34683 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D 7701 MOKENA CT. NEW PORT RICHEY, FL. 34654 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED [signature] JEFFREY L. WOLKINS 4/25/03 727-847-3277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #