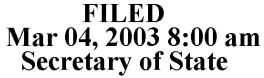
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) P00000101740 DOCUMENT # 1. Entity Name



03-04-2003 90077 005 ***150.00

GEORGI	E J. SHARPE, P.A.			
Principal Place of Business 127 PALMETTO DUNES CIRCLE NAPLES FL 34113		Mailing Address 127 PALMETTO DUNES CIRCLE NAPLES FL 34113		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 59-3674836 Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired 7 \$8.75 Additional
	6. Name and Address of Current	Registered Agent		Fee Required 7. Name and Address of New Registered Agent
0114555			Name	
SHARPE, GEORGE J 127 PALMETTO DUNES CIRCLE			Street Ad	ddress (P.O. Box Number is Not Acceptable)
NAPLES				
, MAI DEO	1 L 34113 "			
1 :	<u> </u>		City	FL Zip Code
8. The above the obliga	e named entity submits this statement fo itions of registered agent.	r the purpose of changing its	registered office or r	registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent a	and title if annificable (NOT	Er Donistavad August signatur	
	FILE NOW!!! FEE IS \$150.00	and the it applicable. (1401	E: Registered Agent signature	re required when reinstating) DATE
_ v ∧ Ì⊸Afte	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State		9. Election Campaign Financing Trust Fund Contribution. Added to Fees
10.	. OFFICERS AND		I 11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	D	☐ Delete	TITLE	Change Addition
NAME	SHARPE, GEORGE J		NAME	
STREET ADDRESS CITY-ST-ZIP	127 PALMETTO DUNES CIRCLE NAPLES FL 34113		STREET ADDRESS CITY-ST-ZIP	
TITLE		□ Delete	TITLE	Chara Classes
NAME		Li Oticie	NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	·	•	STREET ADDRESS	
TITLE			CITY-ST-ZIP	
NAME		Delete	TITLE	Change Addition
STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME ·	
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE		□ Delete	TITLE	
NAME		∟ Detete	NAME	Change Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME	
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
12. I hereby c	ertify that the information supplied with t	his filing does not qualify for		d in Section 119.07(3)(i), Florida Statutes. I further certify that the information

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: