2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000001652

Entity Name: KATHRYN J. ZORN, P.A.

FILED Apr 23, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3940 RADIO RD 3940 RADIO ROAD #111 #111 NAPLES, FL 34105 NAPLES, FL 34105 **Current Mailing Address: New Mailing Address:** 3940 RADIO RD NAPLES, FL 34105 FEI Number: 59-3690089 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: ZORN, KATHRYN J ZORN, KATHRYN J 2229 GOSHAWK COURT 3940 RADIO ROAD NAPLES, FL 34105 #111 NAPLES, FL 34105 US 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. SIGNATURE: 04/23/2003 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition Title: () Delete Title: ZORN, KATHRYH J ZORN, KATHRYH J Name: Name: 2229 GOSHAWK COURT 3940 RADIO ROAD #111 Address: Address: City-St-Zip: NAPLES, FL 34105 City-St-Zip: NAPLES, FL 34105 () Delete Title: () Change (X) Addition Title: ZORN, KATHRYN J Name: Name: 3940 RADIO ROAD #111 Address: Address: NAPLES, FL 34105 City-St-Zip: City-St-Zip: Title: () Change (X) Addition Title: () Delete ZORN, KATHRYN J Name: Name: 3940 RADIO ROAD #111 Address Address: City-St-Zip: City-St-Zip: NAPLES, FL 34105 Title: () Delete Title: () Change (X) Addition ZORN, KATHRYN J Name: Name: Address: Address: 3940 RADIO ROAD # 111 City-St-Zip: City-St-Zip: NAPLES, FL 34105 Title: Title: () Change (X) Addition () Delete ZORN, KATHRYN J Name: Name: Address: Address: 3940 RADIO ROAD #111 NAPLES, FL 34105 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change (X) Addition ZORN, KATHRYN J Name: Name: 3940 RADIO ROAD Address: Address: City-St-Zip: City-St-Zip: NAPLES, FL 34105

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHYRN J ZORN P 04/23/2003