Applied For

Fee Required

Not Applicable

2003 FOR PROFIT CORPORATI

6. Name and Address of Current Registered Agent

FILED Feb 17, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPOR** P010000020 DOCUMENT # 1. Entity Name 02-17-2003 90192 009 ***150 00 BIRDER LAW OFFICES, P.A. Birder and Donsky Law Offices, P. A Principal Place of Business Mailing Address 6224 NW 43RD ST 6224 NW 43RD ST STE B STE 8 GAINESVILLE FL 32653 **GAINESVILLE FL 32653** 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 59-3691673 Zip Country Country \$8.75 Additional

BIRDER, DUDLEY D JR	Street Address (P.O. Box Number is Not Acceptable)			
6224 NW 43RD ST				
STE B		7		
GAINESVILLE FL 32653	City	Zíp Code		
8. The above named entity submits this statement for the purpose of changing its the obligations of registered agent.	registered office or registered agent, or both, in the State of	of Florida. I am familiar with, and accept		
SIGNATURE				
Signature, typed or printed name of registered agent and title if applicable. (NOTE	E: Registered Agent signature required when reinstating)	DATE		

Name

5. Certificate of Status Desired

7. Name and Address of New Registered Agent

FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees

10.	OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIRDER, DUDLEY D JR 6224 NW 43RD ST STE B GAINESVILLE FL 32653	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dudley D. Birder, Jr. Gazy NW 43M ST., Ste. B Gainesville, FL 32653	☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael s. Donsky Gazy NW 43 d St., Ste. B Gainesvilly, FL 32653	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	to the second of	☐ 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		Change	Addition Addition

12. Thereby certify that the information supplied with this filling 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: