2003 FOR PROFIT CORPORATION

| UNIFORM | BUSINESS | REPOR | T |
|----------------------------|----------|-------|---|
| DOCUMENT # 1. Entity Name | P0100000 |)5574 | |
| GARY E. HAAS, P.A. | | | |

FILED Sep 11, 2003 8:00 am Secretary of State 09-11-2003 90098 048 ***150.00



| Principal Place 5125 CASTEL NAPLES FL 3 | | Mailing Address 5125 CASTELLO DR NAPLES FL 34103 | | 1 10 B (18 2) (1) 2 B (4) (10 (1 B (1)) 2 B (1)) 2 B (1) (1 B (1)) 2 B (1) 2 B | |
|--|---|--|--|--|--|
| 2. Principal Place of Business 5/25 ASTELLO DR 5/25 ASTELLO DR | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | ☐ CHECK HERE IF MAKING CHANGES | |
| Sity & Stat | £5 | City & State | | 4. FEI Number 59-3698546 Applied For Not Applicable | |
| 3 41 | 03 Country US | 34103 | Country | 5. Certificate of Status Desired See Required \$8.75 Additional Fee Required | |
| | 6. Name and Address of Current | Registered Agent | | 7. Name and Address of New Registered Agent | |
| | and the second | ~ ~ | Name | man and manager | |
| HAAS, GARY 5125 CASTELLO DR | | Street Ac | Street Address (P.O. Box Number is Not Acceptable) | | |
| NAPLES I | FL 34103 | | | | |
| | .4. | | City | FL Zip Code | |
| 8. The above | named entity submits this statement for | or the purpose of changing | ng its registered office or | registered agent, or both, in the State of Florida. I am familiar with, and accept | |
| the obligat | ions of registered agent. | 6/ | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable: (NOTE: Registered Agent signature required when reinstating) DATE | | | | | |
| F | ILE NOW! FEE IS \$550.00 | | | | |
| After September 10, 2003 Fee will be \$750.00 | | | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | |
| Make Check Payable to Florida Department of State | | | | Added to Fees | |
| 10. | OFFICERS AND | DIRECTORS | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | D | ☐ Delete | TITLE | Change Addition | |
| NAME OTREST LBORESO | HAAS, GARY E 5125 CASTELLO DR | | NAME | | |
| STREET ADDRESS CITY - ST - ZIP | NAPLES FL 34103 | | STREET ADDRESS CITY-ST-ZIP | | |
| | | | | | |
| TITLE NAME | D Haas, Sharon | ☐ Delete | TITLE NAME | ☐ Change ☐ Addition | |
| STREET ADDRESS | 5125 CASTELLO DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | NAPLES FL 34103 | | CITY-ST-ZIP | | |
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| NAME | | | NAME | | |
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| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

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:

attachment

\$6147351 #P0100005574

Gary E. Haas P. A. 5125 Castello Drive Naples, FL 34103

September 7, 2003

DIVISION OF CORPORATIONS Uniform Business Report Filings P. O. Box 1500 Tallahassee, FL 32302-1500

`To whom it may concern,

Please find enclosed the Uniform Business Report for my company, Gary E. Haas, PA and the original filing fee of \$ 150.00. The enclosed report is the first notice that I received and it is my understanding that the penalties will be waived since I did not receive the first notice.

If you have any questions, feel free to contact me at 239-850-1625.

Sincerely,

Enclosures -