2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

12945 SEMINOLE BLVD.

BLDG. 1. SUITE 4

P01000038865

Mailing Address

14916 NEWPORT ROAD

CLEARWATER FL 33764-7050

1. Entity Name

DR. RICHARD E. POE AND ASSOCIATES, INC.



FILED Jan 24, 2003 8:00 am Secretary of State

01-24-2003 90041 028 ***150.00

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☐ CHECK HEBE IE MAKING CHANGES

LARGO FL 33778-2313									
2. Principal F	Place of Business	3. Mailing Address				1 1 1 1 1 1 1 1 1 1 	 		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & Stat	e	City & State			4. F	El Number 59-3713635		Applied For Not Applicable	
Zip	Country	Zip	Count	гу	5. Certificate of Status Desired \$8.75 Additional Fee Required			dditional	
	6. Name and Address of Current	Registered Agent			7. N	ame and Address of New Registe	ered Agent		
		دو د استغیر با سوست ریو د وس ر		Name 200 200 200 200 200 200 200 200 200 20					
POE, RICI		İ	Street Address (P.O. Box Number is Not Acceptable)						
	EWPORT RD.		-						
CLĘARWA	ATER FL 33764-7050								
				City FL Zip Code					
8. The above	named entity submits this statement for	or the purpose of changing its	registere	d office or regin	etered ane		1	h and accent	
the obligat	tions of registered agent.	or the purpose of origing no i	16glatoro	a office of regic	stered ago	nt, or both, in the state of Frontia.	I dillianimar wiu	i, and accept	
CONTACTOR									
SIGNATURE .	Signature, typed or printed name of registered agent	I and title if applicable. (NOTE	E: Registered	Agent signature requ	uired when reir	nstating) C	DATE		
FI	ILE NOW!!! FEE IS \$150.00				——-т	***************************************			
	r May 1, 2003 Fee will be \$550.00			2.,	, .	9. Election Campaign Financing		. 00 May Be	
	Payable to Florida Department o					Trust Fund Contribution.	لــا Adde	ed to Fees	
10.	OFFICERS AND	DIRECTORS	11.		ADE	DITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 11	
TITLE	PD	☐ Delete	TITLE				☐ Change		
NAME	POE, RICHARD E		NAME						
STREET ADDRESS	14961 NEWPORT RD.			T ADDRESS					
CITY-ST-ZIP	CLEARWATER FL 33764-7050		City-S	ST-ZIP					
TITLE	STD	☐ Delete	TITLE	!			☐ Change	☐ Addition	
NAME Street address	POE, MARCENE M		NAME	l l				ı	
STREET ADDRESS CITY-ST-ZIP	14961 NEWPORT RD. CLEARWATER FL 33764-7050		STREE	T ADDRESS ST-7iP					
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STREET ADDRESS	ı			T ADDRESS]	
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STREET ADDRESS	1 •			T ADDRESS				J	
CITY-ST-ZIP			CITY-S	ST-ZIP					
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NAME STREET ADDRESS			NAME	T ADDRESS					
CITY-ST-ZIP			CITY-S					ĺ	
			-	11-211					
TITLE NAME		Delete .	TITLE				Change	☐ Addition	
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12 Lhereby c	eartify that the information aupplied with	n thin filing does not qualify for	*bo over		Castian 41	10.07(0)(i) Fleride Otto 10.01	***		

I hereby 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: