2002 UNIFORM BUSINESS REPORT (UBR)

Sep 12, 2002 8:00 am Secretary of State P01000095026 DOCUMENT # 1. Entity Name 09-12-2002 90093 012 ***150.00 KINSELL & SALTER, P.A. Principal Place of Business Mailing Address 519 NW 60TH STREET 519 NW 60TH STREET SUITE A SUITE A GAINESVILLE FL 32607 GAINESVILLE FL 32607 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KINSELL. MILES Street Address (P.O. Box Number is Not Acceptable) 519 NW 60TH STREET SUITE A GAINESVILLE FL 32607 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE TITLE ☐ Addition ☐ Change KINSELL, STEVEN MILES NAME NAME 621 NW 35TH TERRACE STREET ADDRESS STREET ADDRESS GAINESVILLE FL 32607 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME salter. David P NAME STREET ADDRESS 4020 NW 21ST STREET STREET ADDRESS GAINESVILLE FL 32601 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all order like empowered.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

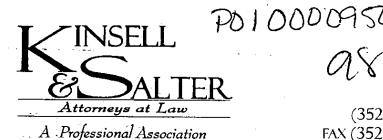
NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Attachmant



(352) 332-3342

FAX (352) 332-3352

Miles Kinsell David P. Salter

September 11, 2002

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Division of Corporations
Uniform Business Report Filings
P.O. Box 1500 –
Tallahassee, FL 32302-1500

Re: Late fee for 2002 Uniform Business report

To whom it may concern:

This letter is to inform you that Kinsell & Salter, P.A. received no prior notice of the 2002 Uniform Business Report, and per your instructions we are not enclosing any payment for a late fee. Enclosed Please find our 2002 UBR together with a check for \$150.00 made payable to the Department of State. It is my understanding that this will satisfy all of our obligations regarding this matter but should you have any questions or concerns please do not hesitate to contact me.

Sincerely,

MILES KINSELL.

Presiden, KINSELL & SALTER, P.A.

enclosure