2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

P01000095026 DOCUMENT

1. Entity Name

KINSELL & SALTER, P.A.

Principal Place of Business



FILED Mar 05, 2003 8:00 am 8 Secretary of State
03-05-2003 90070 031 ***150.00

			SUITE A GAINESVI	SOTH STREET LLE FL 32607 Address	02:74 A						
Suite Apt		MIL AVE	W. University AVE Apt. #, etc. SOL			☐ CHECK HERE IF MAKING CHANGES					
City & Sta	NESVI		City & S GA1	NESULLL	E, FL		1 59:3/5418/			Applied For Not Applicable	
32601 Country A				52601			5. Certificate of Status Desired \$8.75 Addit Fee Required				
	6. Name a	nd Address of Curre	nt Registered A	gent		7. Name and Address of New Registered Agent					
KINSELL, 519 NW 6 SUITE A	·	Name MILES KINSELL Street Address (P.O. Box Number is Not Acceptable) HOB W. University Aug.									
GAINESVI		City (City GAINESUILLE FL Zing 3601								
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 histered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be											
Make Check	k Payable to I	Florida Department	of State	ವೇ. " - ವರ শ≱್ವಧ್	11,	Tar Narra	i-Tru	st Fund Contribution.	□ Adde	ed to Fees	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALTER, DA 4020 NW 21 GAINESVILL	VID P IST STREET		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
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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	

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:

SIGNA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR