2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000018118

1. Entity Name

AYOTTE & ASSOCIATES, INC.



FILED Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90241 007 ***150.00

Note					\						
Sulfic, Apt. 4, etc. City & State City & Ci	3830 4TH ST	REET SOUTH	3830	4TH STREET SOUTH	;		1,122110	N Jik Câla Wên zeni esi	ili 68 (11 88 (12	1 12 00 1 20 10 1 11	191 (1881) (81) (8
City & State Country S. Country S. Country S. Country S. Country S. Countricate of Status Dealerd S. Rodding S. State Street Address of New Registered Agent T. Name and Address of New Registered Agent T. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) S. The above named analy submits institution for the purpose of changing its registered citics or registered agent, or both, in the State of Forids. I am familiar wan, and a me configuration of registered agent. S. GINATURE Signature: Signature	2. Principal	Place of Business	3. Ma	iling Address							
City & State Street Reduction Fee Required	Suite, Ap	t. #, etc.	Suit	te, Apt. #, etc.			<u> </u> -	_			
AYOTTE, RICHARD A 330 4TH STREET SOUTH ST PETERSBURG FL 33705 City City FL Zip Code An Address of New Registered Agent Andress City FL Zip Code An Address of New Registered Agent City FL Zip Code An Address of New Registered Agent City City FL Zip Code An Address of New Registered Agent City City FL Zip Code An Address of New Registered Agent City City FL Zip Code An Address of New Registered Agent City City FL Zip Code An Address of New Registered Agent City City FL Zip Code An Address of New Registered Agent An Address	City & Sta	ate	City	& State			<u> </u>		IF MAKIN		
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AYOTTE, RICHARD A 3830 4TH STREET SOUTH ST PETERSBURG FL 33705 City City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code The obligations of registered agent and tits 1 spokestive. The obligations of registered agent and tits 1 spokestive. The obligations of registered agent and tits 1 spokestive. The Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code The obligations of registered agent or both, in the State of Florida. I am familiar with, and of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and of the obligations of registered agent. Signature Signature Signature, typed or privation and in spittler agent and tits 1 spokestive. PLE MOW!! FEE IS \$150,00 Alter May 1, 2003 Fee will be \$550,00 Alter May 1, 2003 Fee will be \$550,00 Alter May 1, 2003 Fee will be \$550,00 Alter Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 NAME SITER ADDRESS THE ADDRESS	Zip	Country							2	—	Applied For Not Applica
AYOTTE, RICHARD A 3330 4TH STREET SOUTH ST PETERSBURG FL 33705 City City City FL Zip Code Added to Fe Added			[` .		Country		5. Certificate	of Status Desired		\$8.75 A	Additional ired
AYOTE, RICHARD A 3830 4TH STREET SOUTH ST PETERSBURG FL 33705 City City FL Zip Code FL Zip Code FL Zip Code City FL Zip Code City FL Zip Code FL Zip		b. Name and Address of Cur	rent Registere	ed Agent	- N		7. Name and	Address of New R	egistered		
City FL Zip Code I. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Horida. I am familiar with, and a memory of registered agent. IGNATURE Signature: Typed or printed ranne of registered agent. NOTE: Registered Agent signature required with intrasting) DAYE FILE NOW!!! FEE IS \$150.00	AYOTTE, I	RICHARD A									
City FL Zip Code 1. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a statement for purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a statement for purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a statement for the purpose of change its purpose of change its purpose of the familiar with, and a statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a statement for the purpose of changing its purpose of the familiar with, and a statement for the purpose of changing its purpose of change its purpose of changing its purpose of changing its purpose o					St	reet Address (F	P.O. Box Numbe	r is Not Acceptable))	-	
3. 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 a me obligations of registered agent. Signature Sig	SI PETER	SBURG FL 33705				· · · · · · · · · · · · · · · ·		<u> </u>	· ·		
B. The above named entity submits into statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a few the obligations of registered agent. SIGNATURE	.					•	· · · · · · · · · · · · · · · · · · ·		FI	Zip Co	ode
SIGNATURE Signature. Vyeed or printed name of registered agent and 1816 if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 0. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 NAME STRET ADDRESS CITY-ST-ZIP TITE MME MERIT ADDRESS TY-ST-ZIP LE MME MERIT ADDRESS TY-ST-ZIP Delete TITLE NAME STRET ADDRESS CITY-ST-ZIP Delete TITLE NAME STRET ADDRESS CITY-ST-ZIP LE MME MERIT ADDRESS CITY-ST-ZIP LE MME MERIT ADDRESS CITY-ST-ZIP Delete TITLE NAME STRET ADDRESS CITY-ST-ZIP LE MME STRET ADDRESS CITY-ST-ZIP Delete TITLE NAME STRET ADDRESS CITY-ST-ZIP LE MME MET ADDRESS CITY-ST-ZIP Delete TITLE NAME STRET ADDRESS CITY-ST-ZIP TITLE NAME STRET ADDRESS CITY-ST-ZIP AME STRET ADDRESS CITY-ST-ZIP TITLE NAME STRET ADDRESS CITY-ST-ZIP AME STRET ADDRESS CITY-ST-ZIP AME STRET ADDRESS CITY-ST-ZIP TITLE NAME STRET ADDRESS CITY-ST-ZIP AME STRET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-Z	The above the obligat	named entity submits this stateme	ent for the purpo	ose of changing its re	egistered off	ice or registere	ed agent, or both	, in the State of Flor	ida. Lam	familiar witt	and acce
Signature, typed or printed name of legislated agent and title if applicable. FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Added to Fe. O. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TILE TILE		world of registered agent.					j			Tarimar Til	i, and acce
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 And Check Payable to Florida Department of State 0. OFFICERS AND DIRECTORS TILE ME MERIT ADDRESS TY: ST: ZIP LE ME ME MERIT ADDRESS TY: ST: ZIP LE ME	SIGNATURE .	Signature, typed or printed name of registered a	agent and title it appli	icable. (NOTE: E	Parietared Assert	oleman	<u> </u>				
After May 1, 2003 Fee will be \$550.00 Madded to Fe Added to Fe O. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 THE MAKE EREF ADDRESS TY-ST-ZIP LE ME Delete STREET ADDRESS CITY-ST-ZIP LE ME DELETE ADDRESS CITY-ST-ZIP LE ME STREET ADDRESS CITY-ST-ZIP LE MAME STREET ADDRESS CITY-ST-ZIP	F			(AOTE.)	Togistered Agent	signature required v	when reinstating)		DATE		
MAKE Check Payable to Florida Department of State O. OFFICERS AND DIRECTORS II. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 REFER ADDRESS CITY-ST-ZIP REFET ADDRESS CITY-ST-ZIP LE REFET ADDRESS CITY-ST-ZIP REFET ADDRESS	After	May 1, 2003 Fee will be \$550.	.00				9. Elec	tion Campaign Fina	incing	\$5	OO May Ba
TLE MAKE MAKE MAKE MAKE MAKE MAKE MAKE MAK							Trus	t Fund Contribution.	[
TILE TREET ADDRESS TY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP LE ME REET ADDRESS CITY-ST-ZIP LE MAME STREET ADDRESS CITY-ST-ZIP LE MAME STRET ADDRESS CITY-ST-ZIP LE MAME STREET ADDRESS CITY-ST-ZIP LE MAME STRET ADDRESS CITY-		OFFICERS A	ND DIRECTOR		11,	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/C	HANGES TO OFFIC	CERS AND	DIRECTO	RS IN 11
TREET ADDRESS TY-ST-ZIP Delete		•		☐ Delete		Proc					Additi
TY-ST-ZIP				:		1771		Ayotte.			
TITLE Delete TITLE MAME						3 2 2 3	Seteral n	t. 5.	705		
REET ADDRESS TY-ST-ZIP NAME				☐ Delete	TITLE			7		☐ Change	Additio
TY-ST-ZIP						500					
ME REET ADDRESS (TY-ST-ZIP) LE ME Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP LE ME NAME NAME NAME NAME NAME NAME NAME	TY-ST-ZIP					ESS					
ME REET ADDRESS Y-ST-ZIP LE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP LE NAME STREET ADDRESS CITY-ST-ZIP LE NAME STREET ADDRESS CITY-ST-ZIP LE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP LE NAME STREET ADDRESS CITY-ST-ZIP	1			☐ Delete	TITLE	_					
SIRET ADDRESS CITY-ST-ZIP LE ME	í	•	المهمة المائات	en render and a			· • •			CUnange_	Additio
Delete TITLE NAME SEET ADDRESS Y-ST-ZIP LE AE EET ADDRESS (-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP EET ADDRESS CITY-ST-ZIP EET ADDRESS GITY-ST-ZIP STREET ADDRESS GITY-ST-ZIP Change AD AC Change AD AC CHANGE AD CHANGE STREET ADDRESS GITY-ST-ZIP CHANGE STREET ADDRESS GITY-ST-ZIP	I					ESS					
NAME EET ADDRESS (-ST-ZIP) E NAME STREET ADDRESS CITY-ST-ZIP E SET ADDRESS CITY-ST-ZIP E STREET ADDRESS CITY-ST-ZIP Change Ad A A A A A A A A A A A A	.E	-			<u> </u>						
STREET ADDRESS Y-ST-ZIP E AE	VIE			L Delete						☐ Change	☐ Additio
CITY-ST-ZIP						ss					
AE EET ADDRESS (-ST-ZIP E Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP E NAME STREET ADDRESS CITY-ST-ZIP Change Ad	—— <u> </u>				CITY-ST-ZIP						
EET ADDRESS -ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP E IN I	1			☐ Delete	TITLE		· ,			□ Change	☐ Additio
CITY-ST-ZIP E IE IE STREET ADDRESS -ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	ľ										
E	'-ST-ZIP					SS					
NAME STREET ADDRESS -ST-ZIP CITY-ST-ZIP	E			☐ Delete	 -	 -					
STREET ADDRESS (-ST-ZIP CITY-ST-ZIP	i			5000						∐ Change	Addition
CITY-ST-ZIP	- 1					ss i					

SIGNATURE:

727 898.5551