FILED

2003 FOR PROFIT CORPORATION

Jan 21, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR Secretary of State** P02000101289 DOCUMENT # 01-21-2003 90503 014 ***158.75 1. Entity Name JOHN L. BOZARTH, ARCHITECT & PLANNER, INC. Principal Place of Business Mailing Address 100 CHERRY STREET, #2 100 CHERRY STREET. #2 PANAMA CITY FL 32401 PANAMA CITY FL 32401 2. Principal Place of Business 455 Havrison Avc. Mailing Address 456 Harrison Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Suite B Suite City & State 4. FEI Number City & State Applied For Panama City anama 9607 30 011 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired U.S.A. 401 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent John L. Bozarth BENNETT, DERRICK Street Address (P.O. Box Number is Not Acceptable) 112 EAST THIRD COURT PANAMA CITY FL 32401 Guite K Panama City 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. 16 Jan. 03 (NOTE: Registered Agent signature required when reinstating) FILE NOW!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. President **X** Addition TITLE ☐ Delete TITLE ☐ Change John L. Bozarth NAME NAME 455 Harrison AUC. Suite K STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Panama City TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME

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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP