City & State

DOCUMENT # P92000014945

1. Entity Name-

City & State

Zip

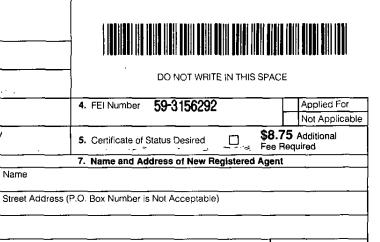
JESS J. YADO, III, P.A.

and the second s	
Principal Place of Business	Mailing Address
ONE URBAN CENTRE, SUITE 750 4830 W. KENNEDY BLVD. TAMPA FL 33609	ONE URBAN CENTRE, SUITE 750 4830 W. KENNEDY BLVD. TAMPA FL 33609
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

6. Name and Address of Current Registered Agent

FILED Feb 22, 2001 8:00 am Secretary of State

02-22-2001 90121 001 ***150.00



YADO, JESS J III ONE URBAN CENTRE, SUITE 750 4830 W. KENNEDY BLVD. **TAMPA FL 33609**

Country

			City		FL	Zip Code	;
8. The above	named entity submits this statement for the	e purpose of changing its re	gistered office or registered	d agent, or both, in the State of Floric	da.		
SIGNATURE .	Signature, typed or printed name of registered agent and to	itle if applicable. (NOTE: R	Registered Agent signature required wh	nen reinstating)	DATE		
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	After MAY 1, 2001	FEE IS \$150.00 I Fee will be \$550.00 to Department of State	10. Election Campaign Finan Trust Fund Contribution.	ncing	\$5.00 Added	May Be to Fees
11.	OFFICERS AND DIR	RECTORS	12	ADDITIONS/CHANGES TO OFFICE	ERS AND DI	RECTORS	3!N 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST YADO, JESS J III 4830 W KENNEDY BLVD STE 750 TAMPA FL 33609	☐ 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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS		☐ Delete	, title Name Street address			Change	Addition

Country

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 other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

ITED NAME OF SIGNING OFFICER OR DIRECTOR