FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE

Apr 30, 2002 8:00 am Secretary of State DOCUMENT # P93000017668 1. Entity Name 04-30-2002 90141 005 ***150 00 1ST AMERICAN ESTATE PLANNING, INC. Principal Place of Business Mailing Address 2536 COUNTRYSIDE BLVD. 2536 COUNTRYSIDE BLVD. SIXTH FLOOR SIXTH FLOOR **CLEARWATER FL 33763** CLEARWATER FL 33763 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3180688 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6:-Name and Address of Current Registered Agent: 7.=Name and Address of New Registered Agent SHATANOFF, ROBERT HARRY 2536 COUNTRYSIDE BLVD. SIXTH FLOOR CLEARWATER FL/34623 8. The above nam ment for the purpose of changing its registered office or both, in the State of Florida. SIGNATURE ature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PDAS** ☐ Delete TITLE CR2E034 (9/01) ☐ Change ☐ Addition NAME BOESCH, KENNETH W III NAME STREET ADDRESS 2536 COUNTRYSIDE BLVD 4TH FLOOR STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33763** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME DAVISON, FLOYD NAME STREET ADDRESS 2536 COUNTRYSIDE BLVD -6TH FLR STREET ADDRESS CITY-ST-7IP CITY-ST-7IP CLEARWATER FL 34623 Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Delete 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 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 repuired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if