FILED 2001 UNIFORM BUSINESS REPORT (UBR) Jan 08, 2001 8:00 am Secretary of State DOCUMENT # P93000038850 1. Entity Name DAN ZOHAR, P.A. 01-08-2001 90029 041 ***150.00 Principal Place of Business Mailing Address 8902 N. DALE MABRY HWY 8902 N. DALE MABRY HWY SHITE 111 SUITE 111 **TAMPA FL 33614** TAMPA FL 33614 2. Principal Place of Business 3. Mailing Address = ::= =: DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 59-3183895 **=** ::::: Not Applicable Country Ζip Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ZOHAR, DAN Street Address (P.O. Box Number is Not Acceptable) 8902 N. DALE MABRY HWY SUITE 111 TAMPA FL 33614 City Zip Code 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. # 363 153 SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) ☐ Addition ☐ Delete ☐ Change TITLE ZOHAR, DAN NAME NAME 8902 N. DALE MABRY HWY, SUITE 111 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL CiTY-ST-ZIP ☐ Delete TITLE Change Addition TITLE # 12/21 # 12/31 # 12/31 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change □ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TANKA ☐ Addition ☐ Change ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 100 ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME 373 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

mation 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 appliemental 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 felver 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 with an address, with an other like empowered.

DAN

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

ZOHAR

 I hereby certify that the info indicated on this report or so of the corporation or the red changed, or on an attachman

SIGNATURE: