Daytime Phone #

## **2002 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE

| 2002 UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # P93000073088  1. Entity Name PAUL JOHN & ASSOCIATES, INC.   |  |  |   |                      |                             |   | FILED Mar 22, 2002 8:00 am Secretary of State 03-22-2002 90027 014 ***150.00   |                                      |   |                            |        |
|--|--|--|---|----------------------|-----------------------------|---|--|--------------------------------------|---|----------------------------|--------|
| Principal Place<br>9841 LAKE G<br>ORLANDO FL<br>US   |  |  | Mailing Address 9841 LAKE GEORGIA DR ORLANDO FL 32817 US                                  |                      |                             |   | B0046537   |                                      |   |                            |        |
| 2. Principal F   | 3. Mailing Address   |  |   |                      |                             |   |  | 8181 1811 1881                       |   |                            |        |
| Suite, Apt.  | . #, etc.  |  | Suite, Apt. #, etc.   |                      |                             |   | DO NOT WRITE IN THIS SPACE   |                                      |   |                            |        |
| City & Stat  | e  |  | City & State  |                      |                             | 4.  | FEI Number <b>65-04430</b> 8   | 6                                    | <b>I</b>  | plied For<br>t Applicable  |        |
| Zip  | Zip Country  |  | Zip Co  |                      | Country                     |   | Certificate of Status Desired  |                                      | 8.75 Add  | litional                   |        |
|  | 6. Name a  | and Address of Current Re  | gistered Agent  |                      |                             | · 7. I  | Name and Address of New  |                                      |   |                            |        |
|  |  |  |   |                      | Name                        |   | <del></del>  | * 5                                  |   |                            |        |
| MOHLER, PAULETTE J<br>9841 LAKE GEORGIA DR   |  |  |   |                      | Street A                    | eet Address (P.O. Box Number is Not Acceptable) |  |                                      |   |                            |        |
| ORLANDO  | FL 32817   |  |   |                      |                             |   |  |                                      |   |                            |        |
|  |  |  |   |                      | City                        |   | <del>-</del>   | FL                                   | Zip Code  | e                          |        |
| 8. The above   | named entity   | submits this statement for the   | ne nurpose of changing its  | register             | ied office or               | registered ag                                   | gent, or both, in the State of   |                                      |   |                            |        |
|  | The state of the s |  | to parpede at arranging to  | . og.c.c.            | 0.000                       | regroteree ag                                   |  | TOTTO CI.                            |   | į                          |        |
| SIGNATURE.   | Signature, typed o   | printed name of registered agent and   | title it applicable. (NOT)  | : Registere          | d Agent signatu             | re required when re                             | einstating)  | DATE                                 |   |                            |        |
| - Tub  |  |  | T   |                      |                             |   | The state of the s |                                      |   |                            |        |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)  FILE NOW After May 1, 20 Make Check Payal |  |  |   | 02 Fee               | will be \$5                 | 50.00   | 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees   |                                      |   |                            |        |
| 11. OFFICERS AND   |  |  |   |                      |                             |   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTO  |                                      | DIRECTORS   | S IN 11                    |        |
| TITLE  | P  |  | ☐ Delete  | TITL                 |                             |   |  | į                                    | Change  | Addition                   | (10/6) |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MOHLER, PAULETTE<br>9841 LAKE GEORGIA DR.<br>ORLANDO FL 32817  |  |   |                      | e<br>et address<br>'-st-zip |   |  |                                      |   |                            | 8      |
| TITLE  | OTILITIES  | 12 02017   | □ Delete  | TITL                 |                             |   | <del>,</del>   |                                      | Change  | Addition                   | CR2E(  |
| NAME<br>STREET ADDRESS   |  |  |   | NAM                  | - 1                         |   |  | ·                                    |   |                            | _      |
| CITY-ST-ZIP  |  |  | ·   |                      | -ST-ZIP                     |   |  |                                      |   |                            |        |
| TITLE -  |  |  | Delete  | -TITL                |                             | ž .   |  | 1                                    | Change  | Addition                   |        |
| NAME<br>STREET ADDRESS   |  | ,  |   | NAM<br>STRI          | ET ADDRESS                  |   |  |                                      |   |                            |        |
| CITY-ST-ZIP  |  |  |   |                      | -ST-ZIP                     |   |  |                                      |   |                            |        |
| TITLE  |  |  | ☐ Delete  | TITL                 |                             |   |  |                                      | Change  | Addition                   |        |
| NAME<br>STREET ADDRESS   | }  | (  |   | NAM<br>STRE          | ET ADDRESS                  |   |  |                                      |   |                            |        |
| CITY-ST-ZIP  |  | · .  |   |                      | -ST-ZIP                     |   |  |                                      |   | Ì                          |        |
| TITLE  |  |  | ☐ Delete  | TITL                 | E                           |   |  |                                      | Change  | Addition                   |        |
| NAME   |  |  |   | NAM                  | ·                           |   |  |                                      |   | {                          |        |
| STREET ADDRESS<br>CITY-ST-ZIP  |  |  |   |                      | ET ADDRESS<br>-ST-ZIP       |   |  |                                      |   |                            |        |
| TITLE  | <del></del>  |  | ☐ Delete  | TITL                 |                             |   | ·  |                                      | Change  | Addition                   |        |
| NAME   |  |  |   | . NAM                |                             |   | ·  |                                      |   |                            |        |
| STREET ADDRESS<br>CITY-ST-ZIP  |  |  |   |                      | ET ADDRESS<br>-St-Zip       |   |  |                                      |   |                            |        |
| 13. Thereby (  | certify that the   | information supplied with th   | is filing does not qualify for  | the exe              | motion state                | ed in Section                                   | 119.07(3)(i), Florida Statute  | . I further certify                  | that the in   | formation                  |        |
| indicated<br>of the cor<br>changed,  | on this report<br>poration or the<br>or on an attac  | or supplemental report is tru<br>receiver or trustee empowe<br>hment with an address, with | ue and accurate and that ne<br>ered to execute this report<br>n all other like empowered. | ny signa<br>as requi | ture shall ha<br>red by Cha | ive the same i<br>pter 607, Flori               | legal effect as if made unde<br>ida Statutes; and that my na   | r oath; that I am<br>me appears in I | an officer of the angle of the | or director<br>Block 12 if |        |