## 2002 Uniform Business Report (UBR)

SIGNATURE:

## Mar 27, 2002 8:00 am § Secretary of State P94000020379 DOCUMENT # 1. Entity Name 03-27-2002 90039 042 \*\*\*150 00 RAHDERT, STEELE & BRYAN, P.A. Principal Place of Business Mailing Address 535 CENTRAL AVE 535 CENTRAL AVE DUUJAOJJ ST PETERSBURG FL 33701 ST PETERSBURG FL 33701 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 59-3233797 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 Name RAHDERT, GEORGE K Street Address (P.O. Box Number is Not Acceptable) 535 CENTRAL AVE ST PETERSBURG FL 33701 City Zip Code FL 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. SIGNATURE 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 Tax filing requirement and elects to do so. 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 12. **Addition** TITLE ☐ Delete TITLE P15/T CR2E034 (9/01 Change RAHDERT, GEORGE K NAME NAME RAHDERT, GEORGE K. STREET ADDRESS 535 CENTRAL AVE STREET ADDRESS 535 CENTRAL ST PETERSBURG FL 33701 CITY-ST-ZIP CITY-ST-ZIP PETERS BURG ☐ 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 TITLE ☐ 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 ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this fill indicated on this report or supplemental report is true at g does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information if accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director o execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if s true ar of the corporation or the changed, or on an attack er or trustee en

GEORGE K RAHPERT 3-14-02
RECTOR Date

**FILED**