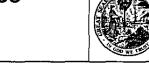
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P94000060186

1. Entity Name RILEY & SMITH, P.A.

SIGNATURE:



FILED Jan 27, 2003 8:00 am Secretary of State

01-27-2003 90324 009 ***150.00

Principal Plac 2223 S. WASHI TITUSVILLE FL	NGTON AVENUE	Mailing Address P.O. BOX 6699 TITUSVILLE FL 32782-6699							
2. Principal P	lace of Business	3. Mailing Address				<u> </u>	I riir C iili Ba lar III	101 10110 E111 10C)	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & Stat	e	City & State		4		. FEI Number 59-3262418		Applied For Not Applicable	
Zip	Country	Zip	ntry	5.	5. Certificate of Status Desired See Required \$8.75 Additional				
	6. Name and Address of Current	Registered Agent				. Name and Address of New Regist	ered Agent		
Riley, cat	TUEDINE A	-, · · -		Name					
	ASHINGTON AVENUE		Street Addres		dress (P.O.	(P.O. Box Number is Not Acceptable)			
TITUSVILLE	4								
				0.11			— 7:	On alla	
				City			FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE									
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registere	ed Agent signature	e required when	n reinstating)	DATE		
After Make Check	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department o		1 11.			Election Campaign Financir Trust Fund Contribution.	□ Ā	5.00 May Be	
10.	OFFICERS AND DIRECTORS PSD Theiste					ADDITIONS/CHANGES TO OFFICER			
NAME STREET ADDRESS	RILEY, CATHERINE A 2223 S. WASHINGTON AVENUE ITTUSVILLE FL 32780	☐ Delete					☐ Char	nge 🔲 Addition	
NAME Street address	VTD Smith, Kathleen A 2223 S. Washington Avenue Titusville FL 32780	☐ Delete		ì			☐ Char	ge	
TITLE	***	☐ Delete	TITL	E			☐ Char	ge 🗌 Addition	
NAME STREET ADDRESS CITY-ST-ZIP				EET ADDRESS -ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1			☐ Char	nge	
TITLE NAME STREET ADDRESS I CITY-ST-ZIP		☐ Delete	1				☐ Char	nge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAM STRE	<u> </u>	 -		☐ Chan	ge Addition	
indicatéd of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp- or on an attachment with an address,	s true and accurate and that no owered to execute this report	ny signa: as requir	ture shall hav	ve the same	e legal effect as if made under oath; t	hat I am an off	icer or director	