FILED

## 2003 FOR PROFIT CORPORATION

Apr 28, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR)** Secretary of State P95000076419 DOCUMENT # 04-28-2003 90292 040 \*\*\*150.00 1. Entity Name RICHARD C. PENA, P.A. Principal Place of Business Mailing Address 11019450 1655 PALM BEACH LAKES BLVD. 1655 PALM BEACH LAKES BLVD. 1012 W PALM BEACH FL 33409 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address 1665 Palm Beach Lakes blue € 59Me Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 1000 City & State West Palm Beach Applied For City & State 4. FEI Number 65-0615816 Not Applicable Zip Country \$8.75 Additional 3340 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PENA, RICHARD C Street Address (P.D. Box Number is Not Acceptable) Bird 1655 PALM BCH LAKES BLVD. #1012 # 1000 W PALM BEACH FL 33409 City West Palm Beach 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. RICHARD PENA owner president SIGNATURE 2 ed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE NAME PENA, RICHARD C NAME 1665 Palm Beach Lakes Blvd # 1000 STREET ADDRESS 1655 PALM LAKES BLVD, STE 1012 STREET ADDRESS CITY-ST-ZIP W. PALM BEACH FL 33401 CITY-ST-ZIP West Alm Beach FL 33401 TITLE TITLE Change . ☐ Addition ☐ Delete NAME PENA, RICHARD C. NAME 1665 Palm Beach Lakes Blvd Ste 1000 STREET ADDRESS 1655 PALM BCH LAKES BLVD. STE. 1012 STREET ADDRESS WPB, FL 33401 CITY-ST-7IP W. PALM BEACH FL CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR