

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91515 016 \*\*\*150.00

**DOCUMENT #** P96000043009

**1. Entity Name**

Poe & Associates, Inc.

**DO NOT WRITE IN THIS SPACE**

643334

<b>2. Principal Place of Business</b> 511 W. Bay Street Suite, Apt. #, etc. Suite 400 City & State Tampa, FL Zip 33606		<b>3. Mailing Address</b> 511 W. Bay Street Suite, Apt. #, etc. Suite 400 City & State Tampa, FL Zip 33606	
Country USA		Country USA	

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 59-3404823	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
Name Jan J. Meder	
Street Address (P.O. Box Number is Not Acceptable)	
511 W. Bay Street, Suite 400	
City Tampa	State FL Zip Code 33606

**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**

*Jan J. Meder*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐  
(See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1 Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.** ☐

**\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Chairman & CEO & President William F. Poe, Jr. 511 W. Bay Street, Suite 400 Tampa, FL 33606	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Secretary & Treasurer Jan J. Meder 511 W. Bay Street, Suite 400 Tampa, FL 33606	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Executive Vice President, Director James E. Wurdeman 511 W. Bay Street, Suite 400 Tampa, FL 33606	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Director William F. Poe, Sr. 511 W. Bay Street, Suite 400 Tampa, FL 33606	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Director Keren P. Smith 511 W. Bay Street, Suite 400 Tampa, FL 33606	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 11 or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*William F. Poe, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William F. Poe, Jr. April 17, 2002 813.259.4000

Date

Daytime Phone #

CR2E034B (12/01)

UNIFORM BUSINESS REPORT

**POE & ASSOCIATES, INC.**  
**DOCUMENT # P96000043009**

Attachment  
Document #  
P96000043009

OFFICERS AND DIRECTORS, continued

Director  
Marilyn P. Lunskis  
511 W. Bay Street, Suite 400  
Tampa, FL 33606

Director  
Janice P. Mitchell  
511 W. Bay Street, Suite 400  
Tampa, FL 33606

Director  
Charles E. Poe  
511 W. Bay Street, Suite 400  
Tampa, FL 33606