## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 02, 2002 8:00 am § Secretary of State DOCUMENT # P96000052925 1. Entity Name 05-02-2002 90042 018 \*\*\*150.00 A & E SUPPORT SERVICES OF SOUTH FLORIDA, INC. Principal Place of Business Mailing Address 12811 KENNWOOD LANE 5201 SANDS BOULEVARD CAPE CORAL FL 33914 FT MYERS FL 33907 US 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 65-0676708 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 GOODRICH, BARBARA C Street Address (P.O. Box Number is Not Acceptable) 5201 SANDS BOULEVARD CAPE CORAL FL 33914 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition NAME GOODRICH, BARBARA C NAME STREET ADDRESS 5201 SANDS BOULEVARD STREET ADDRESS City-St-7IP CAPE CORAL FL 33914 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BURGESS, JOSEPH H NAME STREET ADDRESS 6292 MORGAN LA FEE LANE STREET ADDRESS CITY-ST-ZIP FT MYERS FL CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7iP

13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 Block 12 if changed, or on an attachment with all other like empowered.

SIGNATURE:

1000 CLIOTRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4 16.02 J39-277-0303

Daytime Phone #

FILED