2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

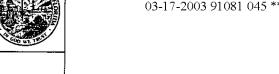
P96000057245 **DOCUMENT #**

1. Entity Name

WARDLOW & ALLEN, C.P.A., P.A.



Mar 17, 2003 8:00 am \$ Secretary of State 303-17-2003 91091 045 *** **FILED** 03-17-2003 91081 045 ***150.00



Principal Place of Business 3142 NORTHSIDE DRIVE SUITE 201 KEY WEST FL 33040		Mailing Address 3142 NORTHSIDE DRIVE SUITE 201 KEY WEST FL 33040									
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State		City & State			1	4. FEI Number 65-0680085			Applied For Not Applicable		
Zip Country		Zip		Country		5. Cer	tificate of Status Desired		3.75 Add e Require	ditional	1
	6. Name and Address of Current	Register	ed Agent		7	7. Nar	ne and Address of New Regis	tered Ag	ent		1
ALLEN, JEFFREY E			Name								
3142 NOF	RTHSIDE DRIVE			Street Addr	Street Address (P.O. Box Number is Not Acceptable)						
SUITE 20											l
KEY WES	T FL 33040			City			* 180.10	FL	Zip Cod	e	1
8. The above the obligat	named entity submits this statement for tions of registered agent.	r the purp	ose of changing its re	egistered office or reg	gistered	agent	or both, in the State of Florida	. I am fan	iliar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if app	olicable. (NOTE: I	Registered Agent signature re	equired whe	en reinsta	ting)	DATE			
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State					Election Campaign Financ Trust Fund Contribution.	ng 🖂		O May Be to Fees	
10.	OFFICERS AND	DIRECTO	RS	11.		ADDIT	IONS/CHANGES TO OFFICER	RS AND D	RECTORS	3 IN 11	l
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Wardlow, Kenneth D 3142 Northside Drive Key West Fl 33040		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	☐ Addition	00,000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ALLEN, JEFFREY E 3142 NORTHSIDE DRIVE KEY WEST FL 33040		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				C] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Ĺ	Change	☐ Addition	
TITLE NAME Street address City-St-Zip	1		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			-		Change	Addition	ı
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				<u></u>	Change	☐ Addition	

12. I hereby 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 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 changed, or on an attachment with an address, with all other the empowered.

SIGNATURE: