FILED Mar 12, 2003 8:00 am Ą

2003 FOR PROFIT CORPORA

<u> </u>	Olim B0311	ILOO	NEPUN	. (1	JDNj		1 1141 12, 200			
DOCUMENT # P9600058884 1. Entity Name GEORGE J EISSLER PLANNING & DESIGN COMPANY, INC.						NOR10	Secretary of State 03-12-2003 90086 015 ***150.00			
Principal Place of Business 2831 RINGLING BLVD. STE 202-A SARASOTA FL 34237		2831	g Address Ringling BLVD. Sti Sota FL 34237			I HORMOGE ING NAMA OMIN ORMI ORMI COMIN OCU	1 81188 18481 11	11 8 2 18112 8181 1881		
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			_	CHECK HERE IF MAKING CHANGES			
City & Sta	te	City	& State			4.	FEI Number 65-0684412		Applied For Not Applicable	
Zip Country		Zìp			Country		Certificate of Status Desired	\$8.75 Fee Req	Additional uired	
	6. Name and Address of Curr	ent Registere	d Agent			7.	Name and Address of New Registered	Agent	· <u> </u>	
2831 RING	george J Gling Blvd. Ste 202-A A Fl 34237				Street Address	(P.O. E	Box Number is Not Acceptable)	Zip (Code	
8. The above the obligate SIGNATURE	e named entity submits this statementions of registered agent. Signature, typed or printed name of registered ag			·	d office or registe		Jent, or both, in the State of Florida. I am	- 1	ith, and accept	
Afte	TILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 k Payable to Florida Departmen						9. Election Campaign Financing Trust Fund Contribution. [5.00 May Be ded to Fees	
10.	OFFICERS A	ND DIRECTO	RS	11.		AD	DDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EISSLER, GEORGE J 2831 RINGLING BLVD STE 202 SARASOTA FL 34237	A	□ Delete		T'ADDRESS ST-ZIP			☐ Chang		
TITLE Name Street address City-St-Zip		•	☐ Delete	TITLE NAME STREE	T ADDRESS	,		☐ Chang	ge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	NAME STREE	T ADDRESS ST-ZIP	- Sandanian	وي المواد داد مصد المواد الراد الله الله المحدد المحدد المواد	, Chang	e_	

NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 reports 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 like empowered.

TITLE

NAME

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

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CR2E034 (10/02)