FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Feb 10, 2003 8:00 am Secretary of State P97000049133 DOCUMENT # 02-10-2003 90176 038 ***150.00 1. Entity Name GEORGE H. TUCKER, P.A. Mailing Address Principal Place of Business 1401 UNIVERSITY DRIVE 1401 UNIVERSITY DRIVE SUITE 600 SUITE 600 CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 2. Principal Place of Business Mailing Address 401 Universit Suite, Apt. #, etc. Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES Suitc City & State Applied For 4. FEI Number 65-0757799 :0 V 4 1 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired 30 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent (20047 TUCKER, GEORGE H Street Address (P.O. Box Number is Not Acceptable) 1401 UNIVERSITY DRIVE SUITE 600 **CORAL SPRINGS FL 33071** 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 the obligations of registered agent SIGNATURE Signature, typed 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. П Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. CR2E034 (10/02) Change Change TITLE ☐ Addition TITLE ☐ Delete Ticker, GeorseH TUCKER, GEORGE H NAME NAME 1401, University Prive Suite391 1401 UNIVERSITY DRIVE SUITE 600 STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33071 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE 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-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 like empowered

CITY-\$T-ZIP

SIGNATURE:

CITY-ST-ZIP

REGREDITION SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR