2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State
04-03-2003 90156 042 ***150.00

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DOCUMENT # P97000097837

1. Entity Name
JOHN W. PERSSE, ATTORNEY AT LAW, CHARTERED

Principal Place of Business	Mailing Address
1800 SECOND STREET STE 715 SARASOTA FL 34236 US	1800 SECOND STREET STE 715 SARASOTA FL 34236 US

2. Principal Place of Business		3. Mailing Address	
1800 SECOND STREET		1800 SECOND STREET	
Suite, Apt. #, etc.: SUITE 757		Suite, Apt. #, etc.: SUITE 757	
City & State: SARASOTA, FL		City & State: SARASOTA, FL	
Zip: 34236	Country: US	Zip: 34236	Country: US

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0796357 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PERSSE, JOHN W
1800 SECOND STREET
SUITE 715
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name: PERSSE, JOHN W.
Street Address (P.O. Box Number is Not Acceptable): 1800 SECOND STREET
SUITE 757
City: SARASOTA FL Zip Code 34236

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 with, and accept the obligations of registered agent.

SIGNATURE [signature] 3/28/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PERSSE, JOHN W 1800 SECOND ST STE 715 SARASOTA FL 34236	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PERSSE, JOHN W. 1800 SECOND STREET STE 757 SARASOTA, FL. 34236	☒ Change ☐ Addition
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		☐ Change ☐ Addition
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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		☐ Change ☐ Addition

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: SIGNATURE REQUIRED John Persse 3/28/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #