FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 05, 2001 8:00 am DOCUMENT # P97000106567 **Secretary of State** 1. Entity Name EARL K. MALLORY, P.A. 03-05-2001 90312 039 ***150.00 Principal Place of Business Mailing Address 1907 COMMERCE LANE PO BOX 8858 144004 JUPITER FL 33468-8858 SUITE 104 JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0800115 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MALLORY, EARL K Street Address (P.O. Box Number is Not Acceptable) 1907 COMMERCE LANE SUITE 104 JUPITER FL 33458 City Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Change CR2E034 (10/00) ☐ Addition TITLE ☐ Delete TITLE Address NAME NAME MALLORY, EARL K Mallory Earl K. STREET ADDRESS STREET ADDRESS 675 W INDIANTOWN RD, SUITE 103 1907 Commerce Lane Suite 104 CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 Jupiter, FL 33458 TITLE ☐ Delete TITLE ☐ Channe Addition 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 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-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 rue 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 tustee empty seed 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 a haddless, tith fall other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER O

1.4.00

561 . 743 - 3708

Daytime Ph