## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 07, 2002 8:00 am Secretary of State **DOCUMENT #** P98000006482 1. Entity Name 05-07-2002 90378 023 \*\*\*150.00 DAVID A. MAY, P.A. Principal Place of Business Mailing Address 159 LOOKOUT PLACE 159 LOOKOUT PLACE **STE 102** STE 102 MAITLAND FL 32751 MAITLAND FL 32751 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3488617 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUBINO, NICHOLAS J ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 159 LOOKOUT PLACE MAITLAND FL 32751 City Zip Code FL §. 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. SĮGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAY, DAVID A NAME STREET ADDRESS 1645 CHOCTAW TRAIL STREET ADDRESS CITY-ST-ZIP MAITLAND FL 32751 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP ☐ Delete TITLE Change Addition NAME

13. 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 changed, or on an attachment with an addjess, with all other like empowered.

CITY-ST-7IP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

CZRIU<del>OJR</del> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR