2002 UNIFORM BUSINESS REPORT (UBR)

May 13, 2002 8:00 am Secretary of State **DOCUMENT #** P98000059328 1. Entity Name 05-13-2002 90085 014 ***150.00 DENIS A. COHRS, P.A. Principal Place of Business Mailing Address 2841 EXECUTIVE DRIVE SUITE 120 2841 EXECUTIVE DRIVE SUITE 120 **CLEARWATER FL 33762 CLEARWATER FL 33762** 2. Principal Place of Business 3. Mailing Address 2575 Ulmerton Road 2575 Ulmerton Road Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 210 Suite 210 City & State City & State 4. FEI Number Applied For 59-3520161 Clearwater, Florida Clearwater. Florida Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П 33762 33762 Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COHRS, DENIS A Street Address (P.O. Box Number is Not Acceptable) 2102841 EXECUTIVE DRIVE -SUITE-120 2575 Ulmerton Rd., Ste **CLEARWATER FL 33762** City Zip Code statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE! <u>Denis A. Cohrs, President</u> 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 \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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 TITLE ☐ Delete TITLE CR2E034 (9/01 DPS (X) Change ☐ Addition NAME COHRS, DENIS A NAME Cohrs, Denis A. STREET ADDRESS 2841 EXECUTIVE DRIVE SUITE 120 STREET ADDRESS 2575 Ulmerton Road, Suite 210 **CLEARWATER FL 33762** CITY-ST-ZIP CITY-ST-ZIP Clearwater, FL 33762 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change TITLE ☐ Addition 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 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

Denis A. Cohrs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

(727)540-0001

SIGNATURE:

FILED