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## FILED 2002 Uniform Business Report (UBR) Mar 26, 2002 8:00 am Secretary of State P98000068465 DOCUMENT # 1. Entity Name 03-26-2002 90079 011 \*\*\*150.00 GARY J. ARMSTRONG, P.A. Mailing Address Principal Place of Business 7324 BRENTWOOD DRIVE 7324 BRENTWOOD DRIVE PORT RICHEY FL 34668 PORT RICHEY FL 34668 3. Mailing Address 2. Principal Place of Business 11341-2 DOLLAR LAKE DRIVE 11341-2 DOLLAR LAKE DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number City & State 59-3528083 PORT RICHEY, FL 34668 PORT RICHEY, Not Applicable FL 34668 Country Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ARMSTRONG, GARY J. ARMSTRONG, GARY J Street Address (P.O. Box Number is Not Acceptable) 11341-2 DOLLAR LAKE DRIVE 7324 BRENTWOOD DRIVE PORT RICHEY FL 34668 Zip Code 34668 PORT RICHEY aterzent for/the purpose of changing its registered office or registered agent, or both, in the State of Florida, 8. The above named exitiv submits this s SIGNATURE X TE: 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (9/04) ☐ Delete TITLE D/P/S/T X Change ☐ Addition TITLE ARMSTRONG, GARY J NAME NAME ARMSTRONG, GARY J. CR2E034 7324 BRENTWOOD DRIVE STREET ADDRESS STREET ADDRESS 11341-2 DOLLAR LAKE DRIVE CITY-ST-ZIP CITY-ST-ZIP PORT RICHEY FL 34668 PORT RICHEY, FL 34668 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition Delete TITLE ☐ Chance NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Change TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-712 13. I hereby certify that the information supplied with this fund 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 embowed 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 attachn

ARMSTRONG