FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 17, 2002 8:00 am Secretary of State DOCUMENT # P98000068801 1. Entity Name 02-17-2002 90028 008 ***150.00 ANTHONY D. GEORGE, JR., P.A. Mailing Address Principal Place of Business 759 S.E. FEDERAL HWY. 759 S.E. FEDERAL HWY. SUITE 206 SUITE 206 STUART FL 34994 STUART FL 34994 3. Mailing Address 2. Principal Place of Business 759 SE Federal '<u>Hwy</u> Suite, Apt. #, Gio. 759 SE Federal Hwy Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite 206 Suite 206 City & State City & State 4. FEI Number Applied For 65-0232432 Not Applicable Stuart, Florida tuart. Florida Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required <u>3499</u>4 34994 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GEORGE, ANTHONY D JR Street Address (P.O. Box Number is Not Acceptable) 3121 S.E. BEDFORD DR. STUART FL 34994 Zip Code Kanging its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for ne purpose of (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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. CR2E034 (9/01) ☐ Change Addition ☐ Delete TITLE TITLE GEORGE, ANTHONY D JR NAME NAME STREET ADDRESS STREET ADDRESS 3121 S.E. BEDFORD DR. CITY-ST-ZIP CITY-ST-ZIP STUART FL 34494 ☐ Delete Addition TITLE Change TITLE NAME 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-7/P ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE 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 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.