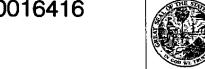
FILE Apr 21, 2003

04-21-2003 90461 047 ***150.00

Secretary o

| D | 3 |
|-----------|------------|
| 8 8:00 am | CONTRACTOR |
| of State | л ~ |

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR** P99000016416 DOCUMENT # 1. Entity Name CPA CHOICE, INC.



Principal Place of Business Mailing Address 11801 RESEARCH DRIVE 11801 RESEARCH DRIVE ALACHUA FL 32615 ALACHUA FL 32615 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

|--|--|

DATE

CHECK HERE IF MAKING CHANGES

| City & State | | City & State | | 4. FEI Number 59-36! | Applied | Applied For | | |
|---|--|-----------------------------|---------------------------|--|---|--------------------------------|--|--|
| | | | | 39 30 | Not Appl | icable | | |
| Zip | Country | Zip | Country | 5. Certificate of Status De | ssired \$8.75 Additional Fee Required | \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | |
| | | | Nai | me | | | | |
| THOMPSON, DOUGLAS H JR 11801 RESEARCH DRIVE | | | Stre | eet Address (P.O. Box Number is Not Acc | lress (P.O. Box Number is Not Acceptable) | | | |
| ALACHUA FL | 32615 | | | | | | | |
| | | | City | У | FL Zip Code | | | |
| | ed entity submits this stateme of registered agent. | ent for the purpose of char | nging its registered offi | ice or registered agent, or both, in the Sta | e of Florida. I am familiar with, and ad | cept | | |

| 8. ~ | The above named entity submits this | statement for the purpose of ch | nanging its registered office | or registered agent, or bo | th, in the State of Florida. | I am familiar with, and | accept |
|------|-------------------------------------|---------------------------------|-------------------------------|----------------------------|------------------------------|-------------------------|--------|
| t | he obligations of registered agent. | | | | | | |

(NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE | \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

SIGNATURE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change Addition NAME* THOMPSON, DOUGLAS H JR NAME STREET ADDRESS 11801 RESEARCH DRIVE STREET ADDRESS CITY-ST-ZIP ALACHUA FL 32615 CITY-ST-ZIP ☐ 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 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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Daytime Phone #