espo uniform business report (UBR) Fran Cuchiara, Inc. FILED OCT 27 PM 4: 05 3715-1 San Jose Place Jacksonville, Fla. 32257 SECRETARY OF STATE TALLAHASSEE FLORIDA 2. Principal Place of Business Tose Place 3. Mailing Address 3715-1 San Jose Place Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Jauksomille Fla Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Fran-Cuchiara-3715-1 San Jose Place Jacksonville, Fla Street Address (P.O. Box Number is Not Acceptable) Zip Code FL 8. 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. 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) -ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 3715-1 San Jose Place & Change Fron Cuchiora TITLE □ Delete Jacksonville, Fla. NAME President STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 600003463576-CITY-ST-ZIP. CITY-ST-ZIE 1<u>1715/00</u>-TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Defete 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 of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## Fran Cuchiara, MA, LMHC

9891-4 San Jose Boulevard Jacksonville, FL 32257 (904) 880-0603

8-30-00

To whom It May Concern, I spoke with an examiner earlier today and was is structed to write a letter. I received a "2nd notice" 550.00 fee for my corporation. I had never recewed a "1st notice" and my under-Standing from one of the accountants is that the "1st fee" is \$150.00. My original accountant who does my takes I'm sure would have noticed this, but she went through chemotherapy tollowing tax season and has Tam prepared to pay \$150.00

Puase notify me at the avoire number

I appreciate your cooperation.

Sincerely,

Fran Cutts