2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 11, 2001 8:00 am DOCUMENT # P99000056148 Secretary of State GREGORY L. DOKKA, D.C., P.A. 05-11-2001 90039 017 ***150.00 Principal Place of Business Mailing Address 1275 CLEVELAND STREET 1275 CLEVELAND STREET CLEARWATER FL 33755 CLEARWATER FL 33755 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3589775 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DOKKA, GREGORY L Street Address (P.O. Box Number is Not Acceptable) 1275 CLEVELAND STREET **CLEARWATER FL 33755** City Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. DP Dρ TITLE ☐ Delete TITLE ☐ Addition DOKKA, Gregory L DOKKA, GREGORY L NAME NAME 1215 Jackson Road STREET ADDRESS 11219 MOONVALLEY WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Clearwater, 76 33755 **TAMPA FL 33635** SDVT SAVT TITLE ☐ Delete TITLE C.ange ☐ Addition DOKKA, Robin S DOKKA, ROBIN S NAME NAME 1215 Jackson Road STREET ADDRESS 11219 MOONVALLEY WAY STREET ADDRESS Clearwater, 76 33755 CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33635** TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR