2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000057978 May 15, 2000 8:00 am Secretary of State RESEARCH & PLANNING ASSOCIATES, INC. 05-15-2000 90216 023 ***150.00 Mailing Address Principal Place of Business 1350 SNELL ISLE BLVD. 1350 SNELL ISLE BLVD. ST. PETERSBURG FL 33704-2460 ST. PETERSBURG FL 33704 2. Principal Place of Business 3. Mailing Address 0. Ba DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State City & State Not Applicable ,Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KEGAN TOHN FERGUSON, CHRISTOPHER ESQ. Street Address (P.O. Box Number is Not Acceptable 100 2ND AVE. SOUTH SUITE 400N ST. PETERSBURG FL 33701 PETERSBURG 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. SIGNATURA agent and tit applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 ation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 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

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11. OFFICERS AND DIRECTORS			12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
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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.

SIGNATURE:

SIGNATURE AND TWEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

727-896-6907

Daytime Phone #