Mailing Address 100 3HH STREET N 100 3HH STRE	2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # \$12780 1. Entity Name DOMINIC E. AMADIO, P.A.							FILED Jan 07, 2002 8:00 am Secretary of State 01-07-2002 90001 033 ***150.00				
Suite, Apt. #, etc. City & State City & State City & State Country S. Certificate of Status Desired SR. 75 Auditonal Free Required 6. Name and Address of Current Registered Agent Name AMADIO, DOMINIC E., ESO. 100 at 11 STREET N. Suffice 303 ST. PETERSBURG Ft. 33713 City FL. Zip Code Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address of Note in the State of Forda. Street Address (P.O. Box Number is Not Acceptable) Street Address of Note in the State of Forda. Street Address (P.O. Box Number is Not Acceptable) DATE Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) DATE Street Address (P.O. Box Number is Not Acceptable) DATE Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) DATE Street Address (P.O. Box Number is Not Acceptable) DATE Street Address (P.O. Box Number is Not Acceptable) DATE Street Address (P.O. Box Number is Not Acceptable) DATE Street Address (P.O. Box Number is Not Acceptable) DATE Street Address (P.O. Box Number is Not Acceptable) DATE Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Nu	100 34TH STR SUITE 305 ST. PETERSBI	REET N. URG FL 33713		100 34TH STREET N. SUITE 305 ST. PETERSBURG FL 33713								
City & State Country Country Country E. Name and Address of Current Registered Agent Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) 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 Symbolic acceptable to easily its Intangible Tax filing requirement and elects to do so. (See criteria on back) After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State Addition Add Diplom Country Addition Title MME MME SIRRET ADDRESS CITY-51-2P TILE MME SIRRET ADDRESS CITY-51-2P TILE MME SIRRET ADDRESS CITY-51-2P TILE MME SIR	Principal Place of Business Mailing Address											
Zip Country Zip Country 5: Certificate of Status Desired	Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
S. Certificate of Status Desired Fee Required	City & State			City & State			4. F	4. FEI Number 59-3041494				
Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	Zip Country			Zip	Country		5. 0	Certificate of Status Desired				1
Street Address (P.O. Box Number is Not Acceptable)		6. Name and	Address of Current Re	gistered Agent			7. N	ame and Address of New Re	gistered Aç	jent		1
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE SIGNATURE Signature, hybrid or printed name of registered agent and life if applicable. PATE 9. This corporation is elligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE AMADIO, DOMINIC E. SIREET ADDRESS STREET ADDRESS ST. PETERSBURG FI. STREET ADDRESS CITY-ST-2P Delete STREET ADDRESS CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P Addition AMME STREET ADDRESS CITY-ST-2P Delete STREET ADDRESS CITY-ST-2P CITY-ST-2P CHange Addition Addition Addition Change Addition Addition Change Addition Change Addition Change Addition Change Addition Addition Change Addition Ch	100 34TH SUITE 305	STREET N.			-	Street Addre	ss (P.O. B	ox Number is Not Acceptable				
SIGNATURE Signature, typed or printed name of registered agent and still if applicable (NOTE, Registered Agent signature required when reinstation) DATE	ST. PETERSBURG FL 33713					City			FL	Zip Code	•	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	9. This corporate filling in	Signature, typed or printe pration is eligible to requirement and el	ad name of registered agent and satisfy its Intangible ects to do so.	title if applicable. (NOTE	: Registered A	Agent signature red S \$150.00	quired when re	instaling) 10. Election Campaign Fina	DATE			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	11.		OFFICERS AND DIF	RECTORS	12.		AD	DITIONS/CHANGES TO OFFI]_
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	NAME . STREET ADDRESS			☐ Delete	NAME STREET					Change	☐ Addition] 2
NAME	NAME STREET ADDRESS		1 10-00	□ Delete	NAME STREET					☐ Change	☐ Addition	
NAME NAME	NAME STREET ADDRESS			□ Delete	NAME STREET					☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADDRESS			☐ Delete	NAME STREET	ADDRESS				☐ Change	Addition	
Cl11-31-ZIP	:			Delete.	-	., 411				Change	Addition	1

TITLE NAME

STREET ADDRESS

tutes; and that my name appears in Block 11 or Block 12 or Block 1

CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not quarry for the exemption ented in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental eport 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 of trusted empowered to execute his 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 onpowered.

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP