

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2003 8:00 am**  
**Secretary of State**

02-26-2003 90133 045 \*\*\*150.00

<b>DOCUMENT # S17226</b>			
<b>1. Entity Name</b> GREGORY A. ZOLLO, PROFESSIONAL ASSOCIATION			
<b>Principal Place of Business</b> 5425 PARK STREET NORTH SUITE 1-WEST ST. PETERSBURG FL 33709		<b>Mailing Address</b> 5425 PARK STREET NORTH SUITE 1-WEST ST. PETERSBURG FL 33709	
<b>2. Principal Place of Business</b> 8200 Bryan Dairy Rd. Suite, Apt. #, etc. 350 City & State LARGO, Florida Zip 33777 Country USA		<b>3. Mailing Address</b> Suite, Apt. #, etc. City & State Zip Country	
<b>4. FEI Number</b> 59-3049979		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> MALONEY, JOHN L 3862 CENTRAL AVE. SAINT PETERSBURG FL 33711		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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. I am familiar with, and accept the obligations of registered agent.</b>			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		<b>9. Election Campaign Financing</b> <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ZOLLO, GREGORY A. 8624 CENTRE COURT LARGO FL 33777	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>			
<b>SIGNATURE:</b> <i>Gregory A. Zollo</i>		SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date		Daytime Phone #	

CR2E034 (10/02)

70020956  
55084949

Attachment  
#517226

2-3-03

Please note: I

failed to include  
this with my check  
which was mailed

1-31-03.

Thanks,

Suzelle