2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

Apr 29, 2002 8:00 am Secretary of State DOCUMENT # S33888 1. Entity Name 04-29-2002 90115 042 ***150 00 JUDD, ULRICH & DEAN, P.A. Principal Place of Business Mailing Address 2940 SOUTH TAMIAMI TRAIL 2940 SOUTH TAMIAMI TRAIL SARASOTA FL 34239 SARASOTA FL 34239 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0245967 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JUDD, STEVEN H. Street Address (P.O. Box Number is Not Acceptable) 2940 SOUTH TAMIAMI TRAIL SARASOTA FL 34239 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME judd. Steven H. STREET ADDRESS STREET ADDRESS 1375 LADUE LANE CITY-ST-7IP CITY-ST-ZIP SARASOTA FL 34231 ☐ Addition ☐ Change Delete TITLE DS NAME NAME ULRICH, RICHARD A. STREET ADDRESS STREET ADDRESS 1654 PROSPECT ST. CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34239 -Addition TITLE NAME NAME DEAN.ROY E. STREET ADDRESS 5322 SIESTA COVE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34242 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition. ☐ Delete TITLE NAMÉ 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 providing statutes 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 compowered to reccute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED