2003 FOR PROFIT CORPORATION

Apr 07, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) S41436 **DOCUMENT #** 1. Entity Name 04-07-2003 90948 012 ***150.00 RICK C. JUHLIN, P.A. Principal Place of Business Mailing Address 7120 OTTER CREEK DRIVE 7120 OTTER CREEK DRIVE **NEW PORT RICHEY FL 34655 NEW PORT RICHEY FL 34655** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3063430 Not Applicable Country Zip. \$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 JUHLIN, RICK C. Street Address (P.O. Box Number is Not Acceptable) 7120 OTTER CREEK DR. **NEW PORT RICHEY FL 34655** 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) -FILE NOW!!! FEE IS \$150.00 ---9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10.. TITLE Delete TITLE ☐ Change Addition JUHLIN, RICK C. NAME NAME 7120 OTTER CREEK DRIVE STREET ADDRESS STREET ADDRESS **NEW PORT RICHEY FL** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP__ TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

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 attachme all other like empowered

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP