2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # \$82512

1. Entity Name

CARMONA & DENNSTEDT, A PROFESSIONAL ASSOCIATION



FILED Jan 17, 2003 8:00 am Secretary of State

01-17-2003 90034 024 ***150.00

Suite, Apr. #, etc. Suite, Apr. #, etc. Suite, Apr. #, etc. CHECK HERE IF MAKING CHANGES City & State Check HERE IF MAKING CHANGES	Principal Place of Business 951 N. WASHINGTON AVE. TITUSVILLE FL 32796		Mailing Address 951 N. WASHINGTON AVE. TITUSVILLE FL 32796		-
City & State Country S. Certificate of Status Desired \$8.75 Additional Fee Required Fee Required Fee Required Fee Required Fee Required For Required Fee Required Street Address of New Registered Agent City Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City F	2. Principal	Place of Business	3. Mailing Address	ч.	
City & State Country Zip Zip Zip Zip Zip Zip Zip Zi	Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
See Name and Address of Current Registered Agent EVANS, ESQ, JOHN H 1702 S WASHINGTON AVE TITUSVILLE FL 32780 Street Address (P.O. Box Number is Not Acceptable) City City FL Zip Code FL Zip Code City FL Zip Code City FL Zip Code FL Zip Code City City FL Zip Code FL Zip Code FL Zip Code City FL Zip Code FL	City & State		City & State		3973064279
EVANS, ESQ, JOHN H 1702 S WASHINGTON AVE TITUSVILLE FL 32780 Signature, hypeoconsimited name of impatered agent und little if applicable. FILE NOW!!! FEE IS \$150.00 After thay 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. FILE NOW!!! FEE IS \$150.00 After thay 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. FILE NOW!!! FILE 32780 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. FILE NOW!! FILE 32780 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. FILE NOW!! FILE 32780 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. FILE NOW! FILE 32780 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. FILE NOW! FILE 32780 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. FILE NOW! FILE 32780 10. Change Add NAME SIRET ADDRESS CITY-ST-2P FILE NOW! FILE 32780 10. Change Add Add MINE SIRET ADDRESS CITY-ST-2P FILE NOW! FILE 32780 10. Change Add ADDRESS CITY-ST-2P FILE NOW! FILE 32780 10. Change Add ADDRESS CITY-ST-2P FILE NOW. SIRET ADDRESS CITY-ST-2P FILE NOW. SIRET ADDRESS CITY-ST-2P FILE NOW. SIRET ADDRESS CITY-ST-2P FILE NOW. SIRET ADDRESS CITY-ST-2P FILE NOW. SIRET ADDRESS CITY-ST-2P FILE NOW. SIRET ADDRESS CITY-ST-2P FILE NOW. SIRET ADDRESS CITY-ST-2P FIRET ADDRESS C	Zip	Country	Zip	Country	Not Applicable S. Certificate of Status Desired
EVANS, ESQ, JOHN H 1702 S WASHINGTON AVE TITUSVILLE FL 32780 City FL Zip Code City		6. Name and Address of Currer	nt Registered Agent	1	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent. SIGNATURE Signature	1702 S V	WASHINGTON AVE	******		* * * * * * * * * * * * * * * * * * *
SIGNATURE Signature, typed or printed name of registered agent and late if applicable (NOTE: Registered Agent signature required when reinstating) DATE		a namod optitu o domina this above		1 -	r L i ' · · · · ·
After May 1, 2003 Fee will be \$550.00 Make-Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE P CARMONA, PEDRO A. 3420 MUIRFIELD DR TITUSVILLE FL 32780 CITY-ST-ZIP TITUSVILLE FL 32780 TITUS DENNSTEDT, FREDERICK 1503 BLACK BEAR CT WINTER SPRINGS FL 32708 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STR	SIGNATURE	Signature, typed or printed name of registered ager			
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ITILE: IAME IAME INAME STREET ADDRESS CITY-ST-ZIP 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 informatio indicated on this report or supplemental report is true and accurate and that my signature shall have the second in this report or supplemental report is true and accurate and that my signature shall have the second in this report or supplemental report is true and accurate and that my signature shall have the second in this report or supplemental report is true and accurate and that my signature shall have the second in this report or supplemental report is true and accurate and that my signature shall have the second in this report or supplemental report is true and accurate and that my signature shall have the second in this report or supplemental report is true and accurate and that my signature shall have the second in this report or supplemental report is true and accurate and that my signature shall have the second in this report or supplemental report is true and accurate and that my signature shall have the second in this report or supplemental report is true and accurate and that my signature shall have the second in this report or supplemental report is true and accurate and that my signature shall have the second in the second in this report or supplemental report is true and accurate and that my signature shall be second in the second	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RELIVEDENTE K. E. Deunstedt 1/14/03 6333x7504