2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR 361392 **DOCUMENT #**

1. Entity Name



FILED Jan 16, 2003 8:00 am Secretary of State 01-16-2003 90129 001 ***150.00

Street Address (P.O. Box Number is Not Acceptable) 6. Name and Address of Current Registered Agent FAVATA, MARY ANN 2308 KATHLEEN ST TAMPA FL 33607 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. Lam familiar with, and the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 Addret May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE DO CHILLURA, JIMMY STREET ADDRESS CITY-ST-2P TAMPA FL TITLE NAME STREET ADDRESS CITY-ST-2P TAMPA FL TITLE TITLE TO CHANGE STOP STAPP Change TAMPA FL TITLE DO CHILLURA, SANDY A STREET ADDRESS CITY-ST-2P TAMPA FL TITLE TAMPA FL TITLE DO CHILLURA, SANDY A STREET ADDRESS CITY-ST-2P TAMPA FL T	ntity Name MY SOD	COMPANY				32 20 2 00 2 501 2 5 001	10 313	
2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country A FEI Number 59-1288396 Not Applied Fee Required Fee Req	KATHLEEN S	ST	2308 KATHLEEN ST					_
City & State Ci	rincipal Plac	ce of Business	3. Mailing Address				DIJ BIBIC BIBIC A	1811 1681
City & State City & State City & State Country Zip Country S. Certificate of Status Desired S8.75 Addition S	Suite, Apt. #,	etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CH		-d Fox
Signature Interest of Interest Agent	City & State		City & State			39-1200390	Not A	pplicable
FAVATA, MARY ANN 2308 KATHLEEN ST TAMPA FL 33607 City FL 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. 1 am familiar with, and the obligations of registered agent. SIGNATURE Signature typed or printed name of registered agent and stor / Applicable. (NOTE Registered Agent signature required when reinstancy) PILE NOW!!! FEE IS \$150.00 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 NAME STREET ADDRESS, CITY-ST-2IP TITLE D PAYATA, MARY ANN STREET ADDRESS CITY-ST-2IP TITLE D PAYATA, MARY ANN STREET ADDRESS CITY-ST-2IP TAMPA FL TITLE D CHILLURA, SANDY A 2308 KATHLEEN ST TAMPA FL D Delete TITLE D CHILLURA, SANDY A 2308 KATHLEEN ST TAMPA FL D Delete TITLE D CHANGE TITLE TAMPA FL D CHANGE TITLE TITLE D CHANGE TITLE D CHANGE TITLE THE CHANGE THE CHANGE	Z ip	Country	Zip	Coun	try	5. Certificate of Status Desired Li Fee	Required	inal
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2308 KATHLEEN ST TAMPA FL 33607 City FL Zip Code B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 1 am familiar with, and the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TILE OFFICERS AND DIRECTORS TILE OCHILLURA, JIMMY STREET ADDRESS CITY-ST-ZIP TAMPA FL TITLE NAME 2008 KATHLEEN ST TAMPA FL TITLE D Change TITLE D Change Child Change TITLE D Change TITLE TAMPA FL TITLE D Change TITLE D Change TITLE D Change TITLE NAME STREET ADDRESS CITY-ST-ZIP TAMPA FL TITLE D Change TITLE NAME STREET ADDRESS CITY-ST-ZIP TAMPA FL TITLE TAMPA FL TITLE D Change Change TITLE NAME STREET ADDRESS CITY-ST-ZIP TAMPA FL TAMPA FL TITLE TAMPA FL TAMPA FL TAMPA FL TITLE ST TAMPA FL TAMPA		o, manie una ricario			Name			
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City City FL								- 1
THE obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	AMPA FL 3	33607			City	FL	Zip Code	
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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.

SIGNATURE: