

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 28, 2002 8:00 am**  
**Secretary of State**

02-28-2002 90089 001 \*\*\*\*45.94  
 02-28-2002 90089 002 \*\*\*\*15.31

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DO NOT WRITE IN THIS SPACE

**DOCUMENT # 745928**

1. Entity Name

**DEEDS AND DEDICATION, INC.**

Principal Place of Business

Mailing Address

**3002 GANDY BLVD  
 TAMPA FL 33611  
 US**

**P O BOX 13845  
 TAMPA FL 33681**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1897081**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUNT, TIMOTHY  
 101 E KENNEDY BLVD.  
 TAMPA FL 33601**

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CICARRELLO, SAM</b> <b>43 SPANISH MAIN</b> <b>TAMPA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HOLDER, LUCILLE</b> <b>4703 LOWELL AVE..</b> <b>TAMPA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>COLEMAN, EDITH</b> <b>2508 KANSAS AVE.</b> <b>TAMPA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MEADOWS, B J, DR</b> <b>3301 BAYSHORE BLVD #1610</b> <b>TAMPA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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:** *SKAVUTIA MATTHEW S FRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/09/02

Date

813-831-4931

Daytime Phone #

CR2E037 (9/01)