


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90188 032 \*\*\*\*61.25

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**DOCUMENT # 745928**  
1. Entity Name  
**DEEDS AND DEDICATION, INC.**



Principal Place of Business: **3002 GANDY BLVD TAMPA FL 33611 US**  
Mailing Address: **P O BOX 13845 TAMPA FL 33681**

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.  
City & State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Country: \_\_\_\_\_



CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

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

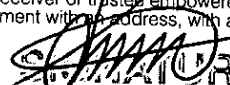
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  **F. CICCARRELLO** **1/15/03** **813-884-3491**

CR2E037 (10/02)