

02-13-2004 90005 010 ****61.25



11300 4TH ST N
200
SAINT PETERSBURG, FL 33716

02000046



01062004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1904656	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

[illegible]

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Make check payable to
Florida Department of State**

10.		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <div> <input checked="" type="checkbox"/> Delete </div> </div> <div> <div>MR</div> <div>MORROB, ROY</div> <div>12501 ULMERTON RD LOT 77</div> <div>LARGO, FL 33774</div> </div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <div> <input type="checkbox"/> Change <input type="checkbox"/> Ad </div> </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <div> <input type="checkbox"/> Delete </div> </div> <div> <div>STD</div> <div>ALBERS, A.L.</div> <div>2772 67TH ST. NO.</div> <div>ST PETERSBURG, FL 0,</div> </div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <div> <input type="checkbox"/> Change <input type="checkbox"/> Ad </div> </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <div> <input type="checkbox"/> Delete </div> </div> <div> <div>P</div> <div>GRIZZLE, MARY</div> <div>120 GULF BLVD</div> <div>BELLEAIRIE SHORE, FL 33786</div> </div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <div> <input type="checkbox"/> Change <input type="checkbox"/> Ad </div> </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <div> <input type="checkbox"/> Delete </div> </div> <div> <div>VP</div> <div>LAMPE, DOUGLAS M.</div> <div>1110 PINELLAS BAYWAY SUITE 200</div> <div>TIERRA VERDE, FL</div> </div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <div> <input type="checkbox"/> Change <input type="checkbox"/> Ad </div> </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <div> <input type="checkbox"/> Delete </div> </div> <div> <div>D</div> <div>BROWN, LARRY</div> <div>P.O. BOX 15718 NA</div> <div>TAMPA, FL</div> </div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <div> <input type="checkbox"/> Change <input type="checkbox"/> Ad </div> </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <div> <input type="checkbox"/> Delete </div> </div> <div> <div>D</div> <div>ATTKISSON, JAMES R.</div> <div>9600 KOGER BLVD., SUITE 105</div> <div>ST. PETERSBURG, FL</div> </div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <div> <input type="checkbox"/> Change <input type="checkbox"/> Ad </div> </div>

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

Daytime Phone # _____