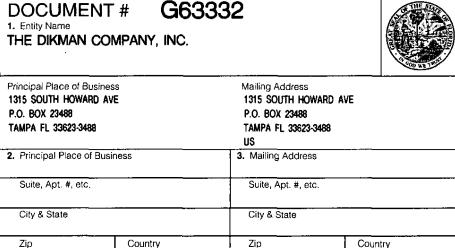
## **FILED** Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90134 010 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 



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☐ CHECK HERE IF MAKING CHANGES

\$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIKMAN, ROBERT J.

1315 SOUTH HOWARD AVE TAMPA FL 33606

SIGNATURE

	4		
Street Address (P.O. Box N	lumber is Not Acceptable)		_
			-
City		Tin Code	_

Trust Fund Contribution.

59-2329425

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 accept the obligations of registered agent.

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

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

(NOTE: Registered Agent signature required when reinstating)

4. FEI Number

9. Election Campaign Financing

DATE

\$5.00 May Be Added to Fees

Applied For

Not Applicable

Make Check Payable to Florida Department of State

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
TITLE NAME STREET ADDRESS	CST DIKMAN, ROBERT J. 1315 SOUTH HOWARD AVE	☐ Delete	TITLE NAME STREET ADDRESS		Change	☐ Addition				
CITY-ST-ZIP	TAMPA FL 33606	_	CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIKMAN, ROBERT J. 1315 SOUTH HOWARD AVE TAMPA FL 33606	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARDIN, JANE LESLIE 1315 SOUTH HOWARD AVE TAMPA FL 33606	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	the state of the s	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ c	Change	Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C	Change !	☐ 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address.

SIGNATURE: