

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

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90128 016 ***150.00

DOCUMENT # K17980

1. Entity Name
EAST HILLSBOROUGH PROPERTIES, INC.



Principal Place of Business
POST OFFICE BOX 2510
PLANT CITY FL 33564
US

Mailing Address
POST OFFICE BOX 2510
PLANT CITY FL 33564
US



2. Principal Place of Business
4204 B N. MacDill Avenue
Suite, Apt. #, etc.

3. Mailing Address
4204 B N. MacDill Avenue
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Tampa, Florida

City & State
Tampa, Florida

Zip
33607

Country
USA

4. FEI Number **59-2878833**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
SMITH, STEVEN O
1509 PINEDALE MEADOWS CT
PLANT CITY FL 33566

7. Name and Address of New Registered Agent

Name
Michael J. Pickering, M.D.

Street Address (P.O. Box Number is Not Acceptable)
4204 B North MacDill Avenue

City
Tampa, Florida **FL** Zip Code **33607**

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete SMITH, STEVEN O 1509 PINEDALE MEADOWS CT PLANT CITY FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PICKERING, MICHAEL J 4204B N. MACDILL AVENUE SUITE 1 TAMPA FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CASTILLO, ORLANDO J 4204 B NORTH MACDILL AVE., SUITE 1 TAMPA FL 33607
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"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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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 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: Michael J. Pickering 1/22/03 (813) 873-7479

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Michael J. Pickering** Daytime Phone # _____

CR2E034 (10/02)