AMENDED 2002 UNIFORM BUSINESS REPORT (UBR)

FILE 109-03-2002 90123 018'****61.25 N07892

1. Entity Na	JMENI# MO789	12			02 CED	-9 AMIO: 12	1107692		
DALE MABRY POST 139, INC.				,	SECRETA	ARY OF STATE			
Principal Place of Business 3818 W BAY VISTA AVE TAMPA FL 33611 US 2. Principal Place of Business Suite, Apt. #, etc. City & State		Mailing Address			TALLAHA	-TALLAHASSEE, FLORIDA			
		3818 W BAY VISTA AVE TAMPA FL 33611-1229 US		d Martina	B) 88H 1687 1618 1618 1618	Říčíl Říčil Bist; bible	NAGA BABU JABA		
		3. Mailing Address Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE 4. FEI Number S9-0944529 Applied For Not Applicab			
		City & State		, 4. FEI Numbe					
Zip	Country	Zip	Coun	ntry	5. Certificate of	· · · · · · · · · · · · · · · · · · ·	\$8.75 A	dditional	
	6. Name and Address of Curr	ent Registered Agent			7. Name and	Address of New Regis	·		
				*Name***					
4045 HEN	ARENCE J JR NDERSON BLVD		Street		Idress (P.O. Box Number	ress (P.O. Box Number is Not Acceptable)			
TAMPA F	L 33629		-	City			FL Zip Coo	de	
8. The above	e named entity submits this statemer	nt for the ourpose of changing it	s registered	office or r	registered agent or both	in the State of Florida		and second	
•	•								
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable. (NO	TE: Registered A	Agent signature	e required when rematating)	· .	DATE		
		9. Election Ca		ancing _	\$5.00 May Be	Make C	DATE Check Payable rtment of State		
10.	After September 13, 2002, min. will be \$236.25.	9. Election Ca Trust Fund	ımpaign Fina	ancing	\$5.00 May Be Added to Fees	Make C	Check Payable rtment of Stat	e ,	
10.	After September 13, 2002, min. will be \$236.25. OFFICERS AND	9. Election Ca Trust Fund	impaign Fina Contribution 11.	ancing	\$5.00 May Be Added to Fees ADDITIONS/CHAI	Make (Depa NGES TO OFFICERS AI	Check Payable rtment of State ND DIRECTORS IN	e .	
10. TITLE NAME	After September 13, 2002, min. will be \$236.25. OFFICERS AND PD PINKHAM, ANNE	9. Election Ca Trust Fund	Impaign Fina Contribution 11. ITLE NAME	ancing	\$5.00 May Be Added to Fees ADDITIONS/CHAI	Make (Depa NGES TO OFFICERS AI	Check Payable rtment of State ND DIRECTORS IN	e .	
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12. I hereby certify that the information supplied with this filling 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 eath; 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

SIGNATURE:

SICHBILLEN DEOLGESTALLY

\$ 28-02

813-839-6740