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

## Aug 22, 2003 8:00 am Secretary of State **DOCUMENT # N38747** 1. Entity Name 08-22-2003 90106 039 \*\*\*\*70.00 SINCERELY, SANTA, INC. Principal Place of Business Mailing Address 1311 ESTATEWOOD DR 3109 W. MLK BLVD. BRANDON FL 33510 TAMPA FL 33607 us 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 59-3013333 Not Applicable Zip .Country \$8.75 Additional 5 Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STEM. DINAH L ess (P.O. Box Number is Not 3109 M. LUTHER KING BLVD. STRTEW DDD LAKEPOINTE 1, 3RD FLOOR TAMPA FL 33607 Brandon 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. nt and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to After September 10, 2003, min will be \$236.25 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE PD Delete TITLE Addition DACQUELINE W. CAMERON NAME STEM. DINAH L NAME 11917 MICKLAUS STREET ADDRESS STREET ADDRESS 3109 W.M. LUTHER KING CITY-ST-ZIP TAMPA FL CITY-ST-ZIP Change Addition TITLE Delete TITLE MARGARET REICH NAME TOMAS, ROBERT NAME STREET ADDRESS 3109 W. M. LUTHER KING STREET ADDRESS 8309 CANOSA CITY-ST-ZIP CITY-ST-ZIP TAMPA FL PAMPA, FL TD Change Addition TITLE Delete KEN GAUGHAN IRONS, ERIN NAME BRANDON FL 3351) STREET ADDRESS STREET ADDRESS 3109 W.M. LUTHER KING CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33607** ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE

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