

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90224 050 ****61.25

DOCUMENT # N95000004335

1. Entity Name
TRUE EXPRESSIONS, INC.

Principal Place of Business 6085 PARK BLVD. PINELLAS PARK FL 34665	Mailing Address 6085 PARK BLVD. PINELLAS PARK FL 34665
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3342179		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
SPIVACK, RON 835 18TH AVE NE SAINT PETERSBURG FL 33704				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				FL		Zip Code	

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	Pres/Dir	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARPENTER, BILL			NAME	Paul Anderson		
STREET ADDRESS	7300 SUNSHINE SKYWAY LN, #207			STREET ADDRESS	3505 Gulf Blvd #N		
CITY-ST-ZIP	SAINT PETERSBURG FL 33711			CITY-ST-ZIP	St. Pete Beach, FL 33706		
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	Secretary/Dir	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MALINSKY, KATHLEEN			NAME	Kerry Clawson		
STREET ADDRESS	1401 63RD TERR			STREET ADDRESS	158 11th Ave NE		
CITY-ST-ZIP	SAINT PETERSBURG FL 33705			CITY-ST-ZIP	St. Petersburg, FL 33701		
TITLE	TD	<input type="checkbox"/> Delete		TITLE	VP/Dir	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FISHBACK, JERE			NAME	Kevin Baughman		
STREET ADDRESS	1501 75TH CIR NE			STREET ADDRESS	6107 8th Ave So.		
CITY-ST-ZIP	SAINT PETERSBURG FL 33702			CITY-ST-ZIP	Gulfport, FL 33707		
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VOLLENHOVEN, IRA V			NAME			
STREET ADDRESS	3002 W CLEVELAND ST #C2			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Paul Anderson			NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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.

SIGNATURE: SIG [Signature] JERE FISHBACK, Treas. 1-28-02 727-521-3778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)