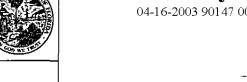
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) P02000075015 DOCUMENT # 1. Entity Name TAMPA BAY FINANCIAL SERVICES, INC.

FILED Apr 16, 2003 8:00 am & Secretary of State

04-16-2003 90147 001 ***150.00



				1	WE THE						
949 LANDMAR	ce of Business K CIRCLE A FL 33715-2166	Mailing Address 949 LANDMARK CIRCLE TIERRA VEDRA FL 33715-2166 3. Mailing Address									
2. Principal P	Place of Business					-	-				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				_	CHECK HERE IF MAKING CHANGES				
City & Stat	e	City & State				4.	4. FEI Number Applied For Not Applied For				
Zip Country Zip			Zip Country			5.	5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Curren	t Registered Ag	ent			7.	Name and Address of New R	egistered Ag	gent		
					Name				-		
	LD, GENE M SR MARK CIRCLE		Stre			et Address (P.O. Box Number is Not Acceptable)					
	DRA FL 33715-2166										
					City			FL	Zip Cod	е	
	named entity submits this statement ions of registered agent. Signature, typed or printed name of registered ager				Agent signature requ			DATE	WILL!		
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department					_	Election Campaign Fin Trust Fund Contribution			0 May Be I to Fees	
10.	OFFICERS ANI	DIRECTORS		11.		AE	DITIONS/CHANGES TO OFF	CERS AND I	DIRECTOR	Š IN 11	
NAME	P FITZGERALD, GENE M SR. 949 LANDMARK CIRCLE TIERRA VEDRA FL 33715-2166	I	☐ Delete		T ADDRESS ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS	TIENNA VEDNA FL 337 13-2 100		☐ Delete	TITLE NAME					Change .	☐ Addition	
CITY-ST-ZIP TITLE	1.				ST-ZIP	_			☐ Change	☐ Addition	
NAME Street Address City-St-Zip			يو الاي المحديون		T ADDRESS ST-ZIP	باخو المهلا	بالمعقومين الجانب وهومان المحابي	محسد ريد			
TITLE NAME Street address City-St-Zip			□ Delete	TITLE NAME STREE CITY-	T ADDRESS		•		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP]	Delete	TITLE NAME STREE CITY-S	T ADDRESS				☐ Change	Addition	
TITLE Name Street address City-St-Zip		Ī	Delete	TITLE NAME STREE CITY-S	T ADORESS			I	☐ Change	Addition	

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:

Date

Daytime Phone #