

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Aug 27, 2003 8:00 am
Secretary of State

08-27-2003 90080 002 ***558.75

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DOCUMENT # P95000003327

1. Entity Name
FIDELITY LICENSING CORPORATION



Principal Place of Business
**3200 BAYOU PLACIDO BLVD NE
ST. PETERSBURG FL 33703**

Mailing Address
**3200 BAYOU PLACIDO BLVD NE
ST. PETERSBURG FL 33703**



2. Principal Place of Business
204-37th AVE. N.

3. Mailing Address
204-37th AVE. N.

Suite, Apt. #, etc.
#100

CHECK HERE IF MAKING CHANGES

City & State
ST. PETERSBURG, FL

City & State
ST. PETERSBURG, FL

Zip
33704

Country
USA

4. FEI Number **59-3308913**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DEWAN, THOMAS E
3200 BAYOU PLACIDO BLVD NE
ST. PETERSBURG FL 33703**

7. Name and Address of New Registered Agent

Name **THOMAS E. DEWAN**

Street Address (P.O. Box Number is Not Acceptable)
204-37th AVE. N. #100

City **ST. PETERSBURG** FL Zip Code **33704**

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 \$550.00
After September 10, 2003 Fee will be \$750.00
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 DEWAN, THOMAS E 3200 BAYOU PLACIDO BLVD NE ST. PETERSBURG FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (ADDRESS ONLY) 204-37th AVE N #100 ST. PETERSBURG, FL 33704
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

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: **THOMAS E. DEWAN, PRES.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)