

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90207 013 \*\*\*150.00

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**DOCUMENT # P95000010406**

1. Entity Name  
**2309 DALE MABRY, INC.**

Principal Place of Business <b>2309 N. DALE MABRY          TAMPA FL 33607          US</b>	Mailing Address <b>2309 N. DALE MABRY          TAMPA FL 33607          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **59-3292035**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOLFE, RANDY  
 SUITE 2100 ONE TAMPA CITY CENTER  
 TAMPA FL 33601**

Name Randolph J. Wolfe  
 Street Address (P.O. Box Number is Not Acceptable)  
100 North Tampa Street  
Suite 2700  
 City Tampa      FL      Zip Code 33602

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 Randy Wolfe      Randolph J. Wolfe, Registered Agent      4/22/01  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	SONNESCHEIN, DENNIS	2309 DALE MABRY	TAMPA FL 33607				
VPD	KLEINHANS, DON	2309 DALE MABRY	TAMPA FL 33607				
ST	BERKENS, MICHAEL	2309 N. DALE MABRY	TAMPA FL 33607				
D	ABDO, JOSEPH	2309 N. DALE MABRY	TAMPA FL 33607				

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donald Robinson, Vice President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/01      (813) 273-0014  
Date      Daytime Phone #

CR2E034 (10/00)