## 2003 FOR PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** 

P95000048236

1. Entity Name



## **FILED** Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90047 016 \*\*\*150 00

ROBERTS, SEWARD & COMPANY, P.A.					01 10 2003 300 17 0	10	
Principal Place of Business 505 E JACKSON ST STE 202 TAMPA FL 33802		Mailing Address 505 E JACKSON ST STE 202 TAMPA FL 33602			) 138/132/ 1/6 (2/0) 2/0/ 02/0/ 22/0/0/ 22/0/0/ 22/0/0/ 22/0/0/ 22/0/0/0/0		
2. Principal	Place of Business	3. Mailing Address		<del>-</del>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<del></del>			
City & State		City & State			CHECK HERE IF MAKING CHANGES  4. FEI Number 50 20005 45		
Zip 7	Country	Zip	Country		59-3320547	<u> </u>	Applied For Not Applicat
	6. Name and Address of Current	Dominton d &			5. Certificate of Status Desired	\$8.75 Fee Red	Additional
		negistered Agent			7. Name and Address of New Registered A	dent	Imieři
ROBERTS	S, RICHARD A		Nar	ne		gom	
505 E JACKSON ST STE 202			Stre	et Address (P	O. Box Number is Not Acceptable)		
TAMPA FL 33602						<del></del>	<del></del>
The above named entity submits this statement for the purpose of changing its the obligations of registered agent.			City		Fi	Zip (	ode
the obligat	ions of registered agent.	the purpose of changing its	s registered offic	e or registered	d agent, or both, in the State of Florida Lam to		
		•			a state of Florida. Fair is	ııımar w	in, and accept
SIGNATURE .	Signature, typed or printed name of registered agent an						
1		d title if applicable. (NOT.	E: Registered Agent sig	nature required wh	nen reinstating) DATE		
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00						
Make Check	Payable to Florida Department of S	State			9. Election Campaign Financing	\$5	00 мау Ве
10.					Trust Fund Contribution.	Add	led to Fees
TITLE	OFFICERS AND D		11.		ADDITIONS/CHANGES TO OFFICERS AND D	UDECTO	DO Milat
NAME	ROBERTS, RICHARD A	☐ Delete	TITLE			Change	
STREET ADDRESS	505 E JACKSON ST. STE 202		NAME CYPCET ARREST		_		Addition
CITY-ST-ZIP	TAMPA FL 33602		STREET ADDRESS CITY-ST-ZIP	9			
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			STREET ADDRESS				L) Addition

2. 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 direct changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-225-1040