

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 23, 2003 8:00 am
Secretary of State

06-23-2003 90053 009 ***150.00

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DOCUMENT # **P00000077463**

1. Entity Name
THE RESEARCH ALLIANCE, INC.



Principal Place of Business
**829 BELTED KINGFISHER DR S
PALM HARBOR FL 34683**

Mailing Address
**829 BELTED KINGFISHER DR S
PALM HARBOR FL 34683**



2. Principal Place of Business
1101 S. Myrtle Ave

3. Mailing Address
Suite, Apt. #, etc.

City & State
CLW. Florida

City & State

4. FEI Number **59-3669790**

Applied For
 Not Applicable

Zip **33756** Country **USA**

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

**GOLDSTEIN, BRUCE S P.A.
500 E KENNEDY BLVD, STE 101-A
TAMPA FL 33602**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERSECHINO, FRANK 829 BELTED KINGFISHER DR SOUTH PALM HARBOR FL 34683	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TEIXEIRA, LINA 829 BELTED KINGFISHER DR SOUTH PALM HARBOR FL 34683	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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: **SIGNATURE RELINA TEIXEIRA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/14/03 727-631-0779

Date Daytime Phone #

CR2E034 (10/02)



**Research
Alliance. Inc.**

ATTACHMENT
90140143
P00000077463

1101 S. Myrtle Ave., Clearwater, FL 33756 Phone: 727-631-0779 Fax: 727-461-5664

To Whom It May Concern:

I regret to inform you that due to our recent change of location, some files were unfortunately misplaced, including the 2003 URB application. We apologize for any inconvenience that this may incur. Research Alliance would like to request an exception to the late fee fine and please accept our payment of \$150.00.

Thank You for Your Understanding,

Lina Teixeira RN, VP