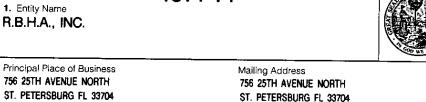
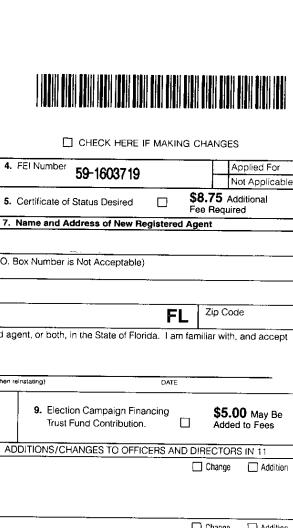
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

407744 **DOCUMENT#**





FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90412 030 ***150.00



Principal Place of Business 3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State			City & State	City & State			4. FEI Number 59-1603719 Applied For Not Applicable			
Zip Country			Zip	Zip Coun		5. (5. Certificate of Status Desired S8.75 Additional Fee Required		lditional	
	6. Name	and Address of Curr	ent Registered Agent			7. N	Name and Address of New Registered A			
CALLAHAN, BARBARA					Name	ne				
	I AVENUE N			Street Address i		ess (P.O. B	(P.O. Box Number is Not Acceptable)			
ST. PETERSBURG FL 33704										
					City	 	FL	Zip Cod		
 The above the obliga SIGNATURE 		ereo agent.		ng its registere	d office or regi	istered age	ent, or both, in the State of Florida. I am fa	niliar with	and accept	
•	Signature, typed	or printed name of registered as	gent and title if applicable.	(NOTE: Registered	Agent signature rec	quired when rei	nstating) 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.	\$5.0 Adde	00 May Be d to Fees	
10.		OFFICERS A	ND DIRECTORS	11.		ADI	DITIONS/CHANGES TO OFFICERS AND D	IRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD IERNA, RAI 181 3RD S TIERRA VE	T. W.	☐ Delete	NAME STREET CITY-S	r address St-zip	- <u>-</u>		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALASH, A	NDRE FANY DR S #31	□ Delete	TITLE NAME	ADDRESS	**	[Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CALLAHAN 756 25TH / ST. PETERS		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP	V(*1841	-· :. ·	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALLAHAN 756 25TH A ST. PETERS	IVE. N.	. Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			 Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS r-zip		C] Change	Addition	

12. I hereby certify that the information supplied with this filling 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:

Daytime Phone #

CR2E034 (10/02)