

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90443 001 ***300.00

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

DOCUMENT # 455567		
1. Entity Name NAMETAB, INC.		
Principal Place of Business 225 SOUTH CENTRAL AVE P.O. DRAWER 1356 BARTOW, FL 33830		Mailing Address 225 SOUTH CENTRAL AVE P.O. DRAWER 1356 BARTOW, FL 33830
2. Principal Place of Business 965 Tangerine Street		3. Mailing Address Post Office Box 2900
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State Bartow, Florida		City & State Lakeland, Florida
Zip 33830	Country U.S.	Zip 33806-2900
		Country U.S.
4. FEI Number 59-1546673		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MEYER, JAMES R 225 SOUTH CENTRAL AVE BARTOW, FL 33830		7. Name and Address of New Registered Agent Name James R. Meyer Street Address (P.O. Box Number is Not Acceptable) 116 South Tennessee Avenue City Lakeland FL Zip Code 33801
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  James R. Meyer DATE April 2, 2003 <small>(NOTE: Registered Agent's signature required when substituting)</small>		
FILE NOW!!! FEE IS \$160.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD BATEMAN, WILLIAM F 965 TANGERINE STREET BARTOW FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		2260 Malachite Drive Lakeland, Florida 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BATEMAN, ROBERT J 2518 SUMMIT VIEW DR LAKELAND, FL <input type="checkbox"/> Delete	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"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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:  William F. Bateman DATE April 2, 2003 863-577-0526 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>

CR2E034 (10/02)