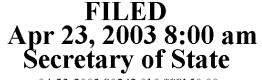
## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** 537834 DOCUMENT # 1. Entity Name ACOSTA AND ACOSTA PA



04-23-2003 90242 010 \*\*\*150.00

11000111	7400017,1137.						
Principal Place of Business 14497 N. DALE MABRY HWY STE 165 N TAMPA FL 33618		Mailing Address 14497 N. DALE MABRY HWY STE 165 N TAMPA FL 33618					
2. Principal Place of Business 3.		3. Mailing Address		{	1 B1871 B1811 B	( <b>                                    </b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		.   CHECK HERE IF MAKING	CHANGES		
City & State		City & State			4. FEI Number 59-1752200	Applied For Not Applicable	
Zip	Country	Zip	Country			8.75 Add	ditional
	6. Name and Address of Current I	Registered Agent		:	7. Name and Address of New Registered A	gent	
		Name	Name				
ACOSTA, JAMES D. 14497 N. DALE MABRY HWY		Street Address		ddress (F	(P.O. Box Number is Not Acceptable)		
STE 165 I	N						,
tampa fi	L 33618		City	<del></del> .	FL	Zip Cod	le
signature  F	Signature, typed or pred name of registered agent a SILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 or May	nd title if applicable. (NOTE: Re	gistered office or	re required	when reinstating)  9. Election Campaign Financing	\$5.0	00 May Be
10	" OFFICERS AND I	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTOR	S IN 11
NAME S STREET ADDRESS CITY-ST-ZIP	PD ACOSTA, JAMES D. 14497 N. DALE MABRY HWY SUI TAMPA FL 33618	.÷ □ Delete TE 165N	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ACOSTA, MARY H. 14497 N. DALE MABRY HWY, STE TAMPA FL 33618	□ Delete <b>E. 165N</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition   È
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		en e	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	THTLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP+			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		- □ Delete ~	NAME STREET ADDRESS CITY-ST-ZIP	1		☐ Change	☐ 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: