

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90988 049 ***150.00

0454269 AV

DOCUMENT # 603993

1. Entity Name
TOWER IMAGING, INC.



Principal Place of Business 511 W BAY ST STE 301 TAMPA FL 33606 US	Mailing Address 511 W BAY ST STE 301 TAMPA FL 33606 US
--	--

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 59-1433551	Applied For
Zip	Country	Zip	Country
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ZWIEBEL, BRUCE R
511 W BAY ST
SUITE 301
TAMPA FL 33606

7. Name and Address of New Registered Agent

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 _____ (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

TITLE	<input checked="" type="checkbox"/> Delete
NAME	STENZLER, STEPHEN
STREET ADDRESS	511 W. BAY STREET - SUITE 301
CITY-ST-ZIP	TAMPA FL 33606
TITLE	<input checked="" type="checkbox"/> Delete
NAME	KUDRYK, BRUCE
STREET ADDRESS	511 W. BAY ST., STE 301
CITY-ST-ZIP	TAMPA FL 33606
TITLE	<input checked="" type="checkbox"/> Delete
NAME	BLACK, THOMAS
STREET ADDRESS	511 W BAY ST STE 301
CITY-ST-ZIP	TAMPA FL 33606
TITLE	<input checked="" type="checkbox"/> Delete
NAME	MARTINEZ, CARLOS R
STREET ADDRESS	511 W BAY ST STE 301
CITY-ST-ZIP	TAMPA FL 33606
TITLE	<input checked="" type="checkbox"/> Delete
NAME	OTERO, RAUL R
STREET ADDRESS	511 W BAY ST STE 301
CITY-ST-ZIP	TAMPA FL 33606
TITLE	<input checked="" type="checkbox"/> Delete
NAME	FISHER, CHARLES
STREET ADDRESS	511 W BAY ST, STE. 301
CITY-ST-ZIP	TAMPA FL 33606

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P/D PATEL, BHARAT U.
STREET ADDRESS	511 W BAY STREET #301
CITY-ST-ZIP	TAMPA FL 33606
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V/D POKLEPOVIC, JERRY
STREET ADDRESS	511 W BAY STREET #301
CITY-ST-ZIP	TAMPA FL 33606
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S/D DEL TORO, MIGUEL H.
STREET ADDRESS	511 W BAY STREET #301
CITY-ST-ZIP	TAMPA FL 33606
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Required **4/28/2003**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)