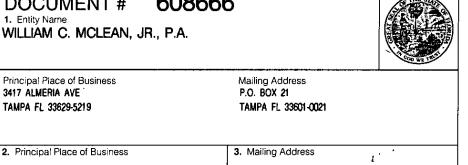
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## 608666 **DOCUMENT #**



## **FILED** Apr 15, 2003 8:00 am Secretary of State 04-15-2003 90101 030 \*\*\*150.00

| 3417 ALMERIA AVE<br>TAMPA FL 33629-5219          |  | P.O. BOX 21<br>TAMPA FL 33601-0021   |  |   |                                   |
|--|--|--|--|---|-----------------------------------|
| 2. Principal Place of Business                   |  | 3. Mailing Address   |  |   |                                   |
| Suite, Apt. #, etc.                              |  | Suite, Apt. #, etc.  |  | ☐ CHECK HERE IF MAKING CHANGES                          |                                   |
| City & State                                     |  | City & State   |  | 4. FEI Number 59-1894945                                | Applied For Not Applicable        |
| Zip  | Country  | Zip  | Country  | 5. Certificate of Status Desired                        | \$8.75 Additional<br>Fee Required |
|  | 6. Name and Address of Current   | Registered Agent   |  | 7. Name and Address of New Registere                    | d Agent                           |
|  | ,  | en de la companya de | Name   | الهمل والمعيدين المعليد ووالمعتبين والمعتبين            |                                   |
|  | William C. Jr.<br>Eria avenue  |  | Street Address (P.O. Box Number is Not Acceptable) |   |                                   |
| tampa fl   | . 33629-5219   |  |  |   |                                   |
|  |  |  | City   | F   | Zip Code                          |
| the obligat                                      | ions of registered agent.  Signature, typed or printed name of registered agent.  ILE NOW!!! FEE IS \$150.00 |  | E: Registered Agent signature requ                 |   |                                   |
| Afte   | r May 1, 2003 Fee will be \$550.00<br>c Payable to Florida Department o                                      | f State  |  | 9. Election Campaign Financing Trust Fund Contribution. | \$5.00 May Be Added to Fees       |
| 10.  | OFFICERS AND   | DIRECTORS  | 11.  | ADDITIONS/CHANGES TO OFFICERS AN                        | ND DIRECTORS IN 11                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PT<br>MCLEAN, WILLIAM C JR<br>3417 ALMERIA AVENUE<br>TAMPA FL 33629-5219                                     | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP              |   | ☐ Change ☐ Addition               |
| TITLE  |  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP              |   | ☐ Change ☐ Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP              | -   | ☐ Change ☐ Addition               |
| TITLE<br>NAME<br>STREET ADDRESS (<br>CITY-ST-ZIP |  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP              |   | ☐ Change ☐ Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | ☐ Defete   | TITLE NAME STREET ADDRESS CITY-SI-ZIP              |   | Change Addition                   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP            |  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP              | Section 119 07(3)(i) Florida Statutes Hurther o         | ☐ Change ☐ Addition               |

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:** 

4-10-03 <u>(813) 273-50</u>50

CR2E034 (10/02)