Pincipal Place of Business  Bio DECUTIVE CENTER DR W SITE 101  SANT PETERSBURG F, 33702  2. Principal Place of Business  Suits, Apr. 4, etc.  City & Stere	888 EXECUTIVE CENTER DR W 888 EXECUTIVE CENTER DR STE 101 STE 101			** * *		FILED Jan 11, 2001 8:00 am Secretary of State			n
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   DO NOT WRITE IN THIS SPACE						01-11-2001 90030 009 ***150.00			
City & State  Country  S. Cortificate of Status Desired  Read Required  File Required  7. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  Strond Address (P.O. Box Number is Not Acceptable)  Strond Address (P.O. Box Number is Not Accep	2. Principal P	Place of Business	3. Mailing Address						
Zip Country Zip Country		·						U 1 F	7
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is N						59-1633902	N	ot Applicable	1
Name	∠ір 			Country			Fee Require		
ORTIZ, LOUIS P 888 EXECUTIVE CENTER DR W SUITE 101 ST PETERSBURG FL 33702    City   FL   Zip Code		6. Name and Address of Cu	irrent Registered Agent	Name.					-
IGNATURE    Symbol	888 E Suiti	EXECUTIVE CENTER DR W		Street A				de	- - -
THE DEL RIO, J. EDDIE  MAE  DEL RIO, J. EDDIE  THE NAME  DOESSA FL 33556  CIY-ST-ZIP  ODESSA FL 33556  CIY-ST-ZIP  ODESSA FL 33556  CIY-ST-ZIP  THE  STD  GARCIA, LUIS  ME GARCIA, LUIS  ME GARCIA, LUIS  ME GARCIA, LUIS  TAMPA FL  CIY-ST-ZIP  TAMPA FL  Delete  ORTIZ, LOUIS P  ORTIZ, LOUIS P  ORTIZ, LOUIS P  ORTIZ, LOUIS P  TREASURE ISLAND FL  TREASURE ISLAND FL  TREASURE ISLAND FL  ME  SHEET ADDRESS  CIY-ST-ZIP  TREASURE ISLAND FL  TREASURE SLAND FL  TREASURE SLAND FL  THE  NAME  SHEET ADDRESS  CIY-ST-ZIP  THE  NAME  SIRET ADDRESS  CIY-ST-ZIP  Change CIY  Addition  THE  NAME  SIRET ADDRESS  CIY-ST-ZIP  Change CIY  Addition  THE  NAME  SIRET ADDRESS  CIY-ST-ZIP  CHANGE  CHANGE  CHANGE  CIY-ST-ZIP  CHANGE  CHANGE  CIY-ST-ZIP  CHANGE  CHANGE  CHANGE  CIY-ST-ZIP  CHANGE  CHANGE  CIY-ST-ZIP  CHANGE  CIY-ST-ZIP  CHANGE  CH	IGNATURE	Signature, typed or printed name of registere pration is eligible to satisfy its Inta requirement and elects to do so.	ngible FILE NO After MAY 1,	OTE: Registered Agent signa  V!!! FEE IS \$150  2001 Fee will be \$	ture required when re 00 550.00 at of State	einstating)  10. Election Campaign Financ Trust Fund Contribution.	DATE  cing \$5.0	<b>\$5.00</b> May Be	
MERET ADDRESS 7619 LAKE CYPRESS DR TAMPA FL  UPD ORTIZ, LOUIS P MERET ADDRESS TREASURE ISLAND DR TREASURE ISLAND FL  WE SHENK, N. RUSSELL MAME MERET ADDRESS TY-ST-ZIP  UP-ST-ZIP  TREASURE SLAND FL  TREASURE ISLAND FL  TREASURE SLAND FL  TREA		<del> </del>			AD	DITIONS/CHANGES TO OFFICE			] 6
MERET ADDRESS 7619 LAKE CYPRESS DR TAMPA FL  UPD ORTIZ, LOUIS P  MECTADRESS TREASURE ISLAND DR TREASURE ISLAND FL  WHE SHENK, N. RUSSELL  MRE SHENK DRESS TY-ST-ZIP  THE  Delete  TITLE  NAME  STREET ADDRESS TY-ST-ZIP  THE  Delete  TITLE  NAME  STREET ADDRESS TY-ST-ZIP  THE  Delete  TITLE  NAME  STREET ADDRESS TY-ST-ZIP  THE  DELET STREET ADDRESS TY-ST-Z	ME REET ADDRESS	DEL RIO, J. EDDIE 17402 HIALEAH	☐ Delete	NAME STREET AODRESS			∟ Change	Addition	CR2E034 (10/00
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NAME STREET ADDRESS Y-ST-ZIP I. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.	ME REET ADDRESS			NAME STREET ADDRESS			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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.	me Reet address		☐ Delete	NAME STREET ADDRESS			☐ Change	☐ Addition	
O(1/03/O)	indicated of the corp	on this report or supplemental re poration or the receiver or trustee or on an attachment with an add	port is true and accurate and that empowered to execute this repo	it my signature shall h ort as required by Ch	have the same I	legal effect as if made under oath	ı; that I am an officei	or director	
SIGNATURE:			·			C) / / 0_3/ O /			1