2002 UNIFORM	BUSINESS	REPORT	(UBR
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE SD DELANO, G. KRISTIN STREET ADDRESS CITY-ST-ZIP TITLE NAME DELANO, G. KRISTIN STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELANO, G. KRISTIN STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREE	200	2 UNIFORM BU	SHIESS REPU	'n i	(UDI	<u>", "</u>			
Principal Place of Business	1. Entity Name				FILED				
S. Petersburg R, 23739 US 2. Principal Place of Business Suite, Apr 4, etc. Suite,	DANNER	S FINANCIAL SERVICES,	IIVC.			(02 APR 11 AM 9:35		
2 Orthogola Piace of Business Suite, Apr. 4, etc. Suite, Apr. 4, et	P.O. BOX 15707 P.O. BOX 15707		33	3		SECREMRY OF STATE TALLAHASSLE, FLORIDA			
Suite, Apt #, etc. Suite,	US		US						
City & State Country Country S. Certificate of Status Desired \$8.75 Auditomost \$9.75 Auditomo	2. Principal I	Place of Business	3. Mailing Address					(B)(B)(B)(B)(B)()	81811 (58 1
This corporation is eligible to cately is interpreted and office or registered agent. S. Certificate of Status Desired \$8.75 Additional Personal Address of Current Registered Agent S. Certificate of Status Desired \$8.75 Additional Personal Address of Current Registered Agent Name and Address of New Registered Agent Name and Address of	Suite, Apt	. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
S. Centricular of Status Desired St. Additional St. A	City & Sta	te	City & State			4. FEI Number 59-2105921			· · · · · · · · · · · · · · · · · · ·
Name Data B. Snyder Street Address P.O. Box Number is Not Acceptable P.O. Box Numbe	Zip	Country	Zip	Cour	ntry	5	. Certificate of Status Desired	\$8.75 Ac	ditional
DELANO, G. KRIGTIN- 380 CENTRAL AVE. S. PETERSBURG FL 33701 8. The above named entire of signature to signa		6. Name and Address of Curr	ent Registered Agent	*	ļ <u></u>	7.	Name and Address of New Registered	Agent	
360 CENTRAL AVENUE ST. PETERSBURG FL 33701 8. The above named entity of the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to saistly its intanguible Tax filling requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS (See criteria on back) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILLE MAKE STREET ADDRESS STRETT ADD	- 05-440	O KDICTIN .			Name	David	B. Snyder		
ST. PETERSBURG FL 33701 8. The above named entitle profittless squarement to the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE SIGNATU					Street A	ddress (P.O	. Box Number is Not Acceptable)		
6. The above named entire of the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE S						360 Ce	ntral Ave		
8. The above named entitle contributes a because of changing its registered office or registered agent, or both, in the State of Florida. David B. Snyder, Esq. 3/15/02	01.1212	Nobolia (E doro)							
David B. Snyder, Esq. 3/15/02					<u> </u>		rerandra	. 337	701
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.	8. The above	e named entity domits this statemen	nt for the purpose of changing its	register	ed office or	registered a	agent, or both, in the State of Florida.		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.	SIGNATURE	NOW T	The state of the s	avid	B. Sn	yder.	Esq. 3/15/0	2	
Tax filing requirement and elects to do so. (See criteria on back) Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State	SIGNATURE	Signature, typed or printed name of registered a							
Comparison Com	9. This corp	oration is eligible to satisfy its Intang	ible FILE NOW!	!! FEE	IS \$150.0	00	40.51 0 5		
11.	-	_ ·					· · · · · · -		
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0.11 0.121									
13. 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 applications and the section 119.07(3)(ii), Florida Statutes.		pertify that the information available	with this filing doos not available			ndin C= 11	110.07(0)(0) [(1.11.0)		

SIGNATURE:

of the corporation or the receiver or trustee empowered to execute this report as required changed, or on an attachment with an address, with all other like empowered.

GNATURE:

SIGNATURE AND TYPED OF APPLIED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy C. Haire

3/15/02 Assistant Secretar Pate

727 823-4000 Daytime Phone #