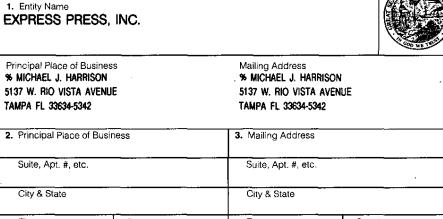
FILED Apr 15, 2003 8:00 am Secretary of State

04-15-2003 90114 014 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) 667523

DOCUMENT #



☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 59-1994023 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARRISON, MICHAEL J. Street Address (P.O. Box Number is Not Acceptable) 5137 W. RIO VISTA AVENUE TAMPA FL 33614 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change Addition HARRISON, MICHAEL J NAME NAME STREET ADDRESS 5137 W. RIO VISTA AVE. STREET ADDRESS TAMPA FL CITY-ST-7IP CITY-ST-ZIP DVP ☐ Delete TITLE ☐ Addition TITLE ☐ Change HARRISON, THOMAS A. NAME NAME 5137 W. RIO VISTA AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP DVP TITLE . Delete ... TITLE Change ☐ Addition WINCHELL, H. GREGORY NAME NAME 15137 W. RIO VISTA AVE. STREET ADDRESS STREET ADDRESS TAMPA FL CITY-ST-7IP CITY-ST-ZIP DVP ☐ Delete TITLE TITLE ☐ Change ☐ Addition BACKHAUS, STEPHEN NAME NAME (5137 W. RIO VISTA AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-7IP ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 Aother like empowered

SIGNATURE:

10.

TITLE

DITLE

Date

Daytime Phone #