2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 704353

1. Entity Name

NAME

STREET ADDRESS

CITY-ST-ZIP

MCQUADE, CAROL/, A

ST PETERSBURG FL 33710

1876 NORFOLK STREET NORTH



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90141 028 ****61.25

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3120 MIRIAM ST.SO. 648		Mailing Address 6480 EMERSON AVE S ST. PETERSBURG FL 33707 US	1		 	EL BARRO (710; 0 4100	TIJE Old er Or o li olo le:	iraki ékér	II AIATH 1884
2. Principal	Place of Business	3. Mailing Address							
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.			Z X 0	HECK HERE IF	MAKING CHA	NGES	
City & Sta	ate	City & State			4. FEI Number 59	-3249861			plied For t Applicable
Zip	Country	Zip	Country		5. Certificate of Sta	tus Desired		5 Add	litional
	6. Name and Address of Current F	Registered Agent			7. Name and Addr	ess of New Re		oquilo	<u>*</u>
			Name						
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SI PETE	RSBURG FL 33707								
			City				ir L	p Code	
	e named entity submits this statement for ations of registered agent.	the purpose of changing its r	egistered office	or registere	ed agent, or both, in t	ne State of Flori	da. I am familia	r with, a	and accept
the obliga	10 - 1 -		_						
SIGNATURE	Chil. Gont CE	OWINC, EGG	CRTISPOR	2519	SUT	115	CB 03	,	
O'G'W'' O'IE	Signature, typed or printed name of registured agent at	nd title if applicable. (NOTE:	Registered Agent sign	ature required	when reinstating)		DATE		
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	FILE NOW: FEE IS \$61.25	9. Election Cam			\$5.00 May Be		e_Check Pay		
v	FILE NOW: FEE IS \$61.25	9. Election Cam Trust Fund Co			\$5.00 May Be Added to Fees		e Check Pay Departmen		
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	OFFICERS AND DIR	Trust Fund Co	ontribution.	Pet 322	Added to Fees DDITIONS/CHANGE er B. Upr 2 20th St.	Florida s to officer i chard , N.	S AND DIRECTO	t of S	itate
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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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address

NAME

STREET ADDRESS

CITY-ST-ZIP

TDC, EGGELT, JR 1146B03 127-347-9283 SIGNATURE: