

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

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90228 026 ****61.25

DOCUMENT # 705875



1. Entity Name
FLORIDA JEWELERS ASSOCIATION, INC.

Principal Place of Business
**11812-A N. 56TH ST.
TAMPA FL 33617
US**

Mailing Address
**11812-A N 56TH ST.
TAMPA FL 33617
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1680789		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

**STREEPER, MICHAEL W
11812-A N 56TH ST
TAMPA FL 33617**

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	<input type="checkbox"/> Delete	TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COOK, SHERYL		NAME Don Vodicka	
STREET ADDRESS 150 S. BEACH ST.		STREET ADDRESS 3425 Thomasville Rd	
CITY-ST-ZIP DAYTONA BEACH FL 32114		CITY-ST-ZIP Tallahassee FL 32308	
TITLE STD	<input type="checkbox"/> Delete	TITLE STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MATTHEWS, JOHN M		NAME Robert Ware	
STREET ADDRESS 29 ROYAL PALM BEACH BLVD		STREET ADDRESS 4615 Cortez Rd W	
CITY-ST-ZIP VERO BEACH FL 32960-5207		CITY-ST-ZIP Bradenton FL 34210	
TITLE MD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREEPER, MICHAEL W		NAME	
STREET ADDRESS 11812-A N 56TH ST.		STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33617		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Michael W. Streper* MICHAEL W. STREEPER, 4/15/03 (813) 988-0737

CR2E037 (10/02)