2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 709652

FILED Jul 08, 2003 Secretary of State

Entity Name: HILLSBOROUGH COUNTY SHERIFF'S JUNIOR DEPUTIES LEAGUE, INC.

Current Principal Place of Business:		New Principal Plac	New Principal Place of Business:	
2008-8TH / P.O. BOX 3 TAMPA, FL	3371			
Current Mailing Address:		New Mailing Addre	New Mailing Address:	
2008-8TH / P.O. BOX (TAMPA, FL	3371			
FEI Number:	59-6169879	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
LEONARD 2008 E. 8T TAMPA, FL	H AVENUE	3		
	named entity see of Florida.	submits this statement for the p	ourpose of changing its register	red office or registered agent, or both,
in the State	e of Florida.	·		ed office or registered agent, or both,
in the State	e of Florida.	submits this statement for the particles of Registered Against Signature Office Against Signatu		red office or registered agent, or both, Date
in the State SIGNATUF	e of Florida.	ic Signature of Registered Ag	ent	
in the State SIGNATUF OFFICERS Title: Name: Address:	of Florida. RE: Electron S AND DIREC	ic Signature of Registered Ago TORS: Delete CAL	ent	Date
in the State SIGNATUF	e of Florida. RE: Electror S AND DIREC PD () HENDERSON, 2008 E. 8TH AN TAMPA, FL	TORS: Delete CAL /ENUE Delete	ent ADDITIONS/CHANG Title: Name: Address:	Date GES TO OFFICERS AND DIRECTORS
in the State SIGNATUF OFFICERS Title: Name: Address: City-St-Zip: Vame: Name: Address:	e of Florida. RE: Electror S AND DIREC PD () HENDERSON, 1 2008 E. 8TH AN TAMPA, FL VD () BARROW, BRU 12110 N. EDISG TAMPA, FL 336	TORS: Delete CAL /ENUE Delete ICE J. DN AV. 6312 Delete GEL,	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date GES TO OFFICERS AND DIRECTORS () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAL HENDERSON PD 07/08/2003