FILED Apr 07, 2002 8:00 am Secretary of State

04-07-2002 90576 008 ****70.00



Delete PD PISCITELLI, EARLINE K Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33762 CITY-ST-ZIP TITLE VD MELLENEY, LINDA'B TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREIT ADDRESS CITY-ST-ZIP TITLE NAME STREIT ADDRESS CITY-ST-ZIP TITLE DELete TITLE NAME STREIT ADDRESS CITY-ST-ZIP TITLE DELETE STRAIN, WALTER STREIT ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33703 TITLE NAME STREIT ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33703 TITLE NAME STREIT ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33703 TITLE NAME STREIT ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33703 TITLE NAME STREIT ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33703 TITLE NAME STREIT ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33703 TITLE NAME STREIT ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33703 TITLE NAME STREIT ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33703 TITLE NAME STREIT ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33703 TITLE DELETE	2. Principal Pl	lace of Business	3. Mailing Address	3. Mailing Address									
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S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NESMER, PAMELA J 901 7TH AVE. SOUTH 901 7TH AVE. SOUTH ST. PETERSBURG FL 33705 City City FL 25 Cade 1 14 26 Cade 1 14 26 Cade 1 14 27 Cate 1 14 28 Cade 1 14 29 Cade 1 14 20	***		City & State										
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MESMER, PAMELA J 901 7TH AVE. SOUTH ST. PETERSBURG FL 33705 City Lib above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Fjordar, and the purpose of changing its registered office or registered agent, or both, in the state of Fjordar, and the purpose of changing its registered office or registered agent, or both, in the state of Fjordar, and the purpose of changing its registered office or registered agent, or both, in the state of Fjordar, and the purpose of changing its registered office or registered agent, or both, in the state of Fjordar, and the purpose of changing its registered office or registered agent, or both, in the state of Fjordar, and the purpose of changing its registered office or registered agent, or both, in the state of Fjordar, and the purpose of changing its registered office or registered agent, or both, in the state of Fjordar, and the purpose of changing its registered office or registered agent, or both, in the state of Fjordar, and the purpose of changing its registered office or registered agent, or both, in the state of Fjordar, and the purpose of changing its registered office or registered agent, or both, in the state of Fjordar, and the purpose of changing its registered office or registered agent, or both, in the state of Fjordar, and the purpose of changing its registered agent, or both, in the state of Fjordar, and the purpose of changing its registered agent, or both, in the state of Fjordar, and the purpose of changing its registered agent, or both, in the state of Fjordar, and the purpose of changing its registered agent, or both, in the state of Fjordar, and the purpose of changing its registered agent, or both, in the state of Fjordar, and the purpose of the purpo	,		7. Name and Address of New Registered Agent										
MESMET, PARIELA J 901 7TH AVE. SOUTH ST. PETERSBURG FL 33705 Cay Cay FL 20 Code 5 122 SIGNATURE FL-20 Code 5 1			Name										
SIGNATURE: 12-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-	901 7TH AVE. SOUTH ST. PETERSBURG FL 33705				City Zip Code g								
FILE NOW: FEE IS \$61.25 PILE NOW: FEE IS \$61.25 PO													
FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD PISCITELLI, EARLINE K 14898 FEATHER COVE RD CITY-ST-2IP NAME STREET ADDRESS STREE	SIGNATURES	Signature, typed or printed name of registered a	TÉ: Registere	d Agent signatu	required v	when reinstating)		DATE					
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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, with all other like empowered.

SIGNATURE: 3