2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 AM
Secretary of State

DOCUMENT# 738301

Entity Name: TAMPA CROSSROADS, INC.

Current Principal Place of Business:

5120 N. NEBRASKA AVENUE
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

5120 N. NEBRASKA AVENUE
TAMPA, FL 33603

New Mailing Address:

FEI Number: 59-1743719 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ACEVEDO, JORGE
400 N ASHLEY ST, STE 2800
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

GISSENDANNER, BUDDY
1726 E. 7TH AVENUE
TAMPA, FL 33605 US

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.

SIGNATURE: BUDDY GISSENDANNER 02/20/2002
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	VPD	( ) Delete
Name:	BROWN, ELLEN	
Address:	3308 E SEVILLA CIR	
City-St-Zip:	TAMPA, FL 33629	
Title:	D	( ) Delete
Name:	CAREY, KEVIN	
Address:	P O BOX 3239 N/A	
City-St-Zip:	TAMPA, FL 33601	
Title:	SD	( ) Delete
Name:	PARRISH, DAVID C	
Address:	P O BOX 3371 N/A	
City-St-Zip:	TAMPA, FL 33601	
Title:	D	( ) Delete
Name:	FERRARO, JOSEPH	
Address:	1511 N WESTSHORE BLVD, STE 600	
City-St-Zip:	TAMPA, FL 336074523	
Title:	CD	( ) Delete
Name:	KRAMER, ANN	
Address:	911 CROWS NEST LANE	
City-St-Zip:	TAMPA, FL 33602	
Title:	CD	( ) Delete
Name:	SECKEL HUNTER ESQ., SHERYL	
Address:	THE CARRIAGE HOUSE BIGLOW-HELMS MANSION	
City-St-Zip:	TAMPA, FL 33611	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	CD	(X) Change ( ) Addition
Name:	MOORE, M. VERNON	
Address:	PO BOX 11825	
City-St-Zip:	TAMPA, FL 33680	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: ELLEN BROWN VPD 02/20/2002
Electronic Signature of Signing Officer or Director — Date