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3/14/

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 29, 2002 8:00 am**
**Secretary of State**
03-14-2002 90028 009 ****70.00

DOCUMENT # 758466

1. Entity Name

SELF-RELIANCE HOUSING, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 12718 N. 19TH ST.<br>TAMPA FL 33612 | 11215 N. NEBRASKA<br># B-3<br>TAMPA FL 33612 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-1981675 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~JACKY, SUSAN~~
~~11215 N. NEBRASKA AVE.~~
~~STE B-3~~
TAMPA FL 33612

7. Name and Address of New Registered Agent

Name: Bob D. Dixon Vivian Marty

Street Address (P.O. Box Number is Not Acceptable)

12718 N. 19th St. 11215 N. Nebraska

City Tampa FL Zip Code 33612

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.

SIGNATURE Vivian D. Marty

Signature, typed or printed name of registered agent and title if applicable. (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 Department of State

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>HUTCHINSON, THOMAS<br>712 COUNTRY CLUB DR.<br>TAMPA FL 33612 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | AV<br>DOUGHERTY, TOM<br>12718 N 19TH ST #1821<br>TAMPA FL 33612 | ☐ Delete D | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>JACKY, DANIEL<br>12402 1/2 GREENLANDS DR<br>RIVERVIEW FL | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DST<br>SCHAIBLY, DEBI<br>3153 TINA MARIE<br>ZEPHYRHILLS FL | ☐ Delete D | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MALLORY, NORMAN<br>12602 51ST ST<br>TAMPA FL 33617 | ☐ Delete D | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>GONDREAU, DAVID<br>301 E. 121ST AVE<br>TAMPA FL 33612 | ☐ Delete D | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (9/01)

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: Norman Mallory Norman Mallory 5/10/02 813-988-4985

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #