FILED

Jan 30, 2003 8:00 am

Secretary of State

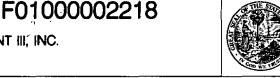
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2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

CORDOBA DEVELOPMENT III, INC.



Mailing Address

3802 A GUNN HIGHWAY **TAMPA FL 33624**

Principal Place of Business

3802 A GUNN HIGHWAY **TAMPA FL 33624**

2. Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Address Suite, Apt. #, etc. City & State		T DODANSA NAN OOTEN HONY ENNY OOTEN DONN DONN I	\$ 14 16 4 1841 17 01 181 181	
				4. FEI Number 59-3711946 Applied For Not Applicable		
						Zip
6. Name and Address of Current Registered Agent						
			Name			
PONTON, 3802 A G TAMPA F	SUNN HIGHWAY		Street Addr	ess (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code	
the obliga	e named entity submits this statement fo tions of registered agent.	r the purpose of changing i	ts registered office or reg	gistered agent, or both, in the State of Florida. I am t	familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NC	DTE: Registered Agent signature re	equired when reinstating) DATE	· · · · · · · · · · · · · · · · · · ·	
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State		9. Election Campaign Financing Trust Fund Contribution. C	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS		11,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS	PCD PONTON, LANCE 3802 A GUNN HIGHWAY	☐ Delete	TITLE NAME STREET ADDRESS CITY ST. 7IP		Change Addition	

IAMPA FL TITLE **VD** ☐ Delete TITLE ☐ Change ☐ Addition NAME ALLISON, ROBERT NAME 3802 A GUNN HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP TITLE ---: Deleté" TITLE--[~]-Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change 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 607, 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: