

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

AT



11003248

[illegible]☐ CHECK HERE IF MAKING CHANGES

4. FEI Number <b>06-1555428</b>	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**7. Name and Address of New Registered Agent**

Age Group	Education Level	Percentage of Respondents
18-29	High School	~75%
	College	~85%
	Graduate	~90%
30-49	High School	~65%
	College	~75%
	Graduate	~80%
50-69	High School	~55%
	College	~65%
	Graduate	~70%
70+	High School	~45%
	College	~55%
	Graduate	~60%

**FL** Zip Code

SIGNATURE _____			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	DATE

<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2003 Fee will be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b></p>	<p><b>9. Election Campaign Financing</b>  <b>Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00</b> May Be  Added to Fees</p>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CPCE GROTEKE, WALTER M 4002 EISENHOWER BLVD TAMPA FL 33634 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GROTEKE, WALTER R SR 4002 EISENHOWER BLVD TAMPA FL 33634 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSVP CASTLE, PETER C 4002 EISENHOWER BLVD TAMPA FL 33634 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC LEVY, MYRON 4002 EISENHOWER BLVD TAMPA FL 33634 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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(s) empowered.

4/7/03  
Date

813-286-2644  
Daytime Phone #

CR2E034 (10/02)