## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

## F42324 DOCUMENT #

DECKER, JAMES R.

TAMPA, FL 0

15127 CONTOY PLACE

NAME

STREET ADDRESS

CITY-ST-ZIP TITLE

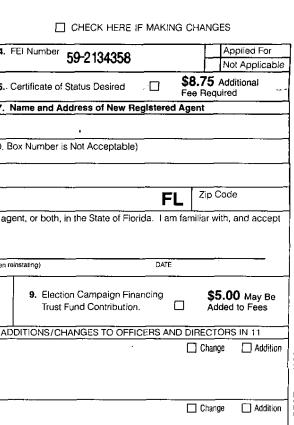
NOBLES, DECKER	I, LENKER & CARD	OSO, C.P.A'S, P.A.		01-29-2003 901/6 02/	130.00	
Principal Place of Business 102 W WHITING ST 201 TAMPA FL 33602		Mailing Address 102 W WHITING ST 201 TAMPA FL 33602				
2. Principal Place of Business		3. Mailing Address		- THE CLUB OF THE CHARTE FINES THE PARTY OF THE BEST SHELL BEST OF STATE STATE STATE STATE STATE STATE STATE S		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-2134358	Applied For Not Applica	
Zip	Country	Zip	Country		<b>B.75</b> Additional e Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
NOBLES, EDGAR D 2315 S OCCIDENT STREET TAMPA FL 33629			Name Street Address (	Street Address (P.O. Box Number is Not Acceptable)		
•			City	City FL Zip Code		
the obligations of regist	•		registered office or register	red agent, or both, in the State of Florida. I am far d when reinstating)  DATE	niliar with, and acce	
After May 1, 20	!! FEE IS \$150:00 03 Fee will be \$550.00 o Florida Department of		<b>1</b> 11.	9. Election Campaign Financing Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DESCRIPTIONS	\$5.00 May Br Added to Fees	

☐ Delete

☐ Delete

**FILED** Jan 29, 2003 8:00 am **Secretary of State** 

01-29-2003 90176 027 \*\*\*150.00



NAME LENKER, MARK N., JR. NAME STREET ADDRESS 1410 PINEHURST STREET ADDRESS CITY-ST-ZIP TEMPLE TERRACE FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NOBLES, EDGAR D STREET ADDRESS 2315 S OCCIDENT STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 00000 TITLE ۷D ☐ Delete TITLE ☐ Change ☐ Addition CARDOSO, OSCAR M. NAME NAME 7235 RIVER FOREST LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TEMPLE TERRACE F CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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. Thereby 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

TITLE

NAME

TITLE

STREET ADDRESS

CITY-ST-ZIP

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 oats, 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

SIGNATURE: