2002 UNIFORM BUSINESS REPORT (UBR)

200	2 UNIFO	R)	FILED Mar 25, 2002 8:00 am									
DOCUMENT # F64810							Secretary of State					
-		ERVICE CORP.					00	3-25-2002 90	0081 034	***158.7	5	
Principal Plac	ce of Business		Mailing Address									
4311 W. IDA ST. TAMPA FL 33614 4311 W. IDA ST. TAMPA FL 33614												
Principal Place of Business Address Mailing Address							1 1951199 1119	ASINS Bigg s ibidi digs	1 41 111 61411 6161	i atan angk bi	011 0 1011 1001	
Suite, Apt. #, etc. Suite, Apt. #, etc.							DO NOT WRITE IN THIS SPACE					
City & Stat	e		City & State				FEI Number	59-2158902			plied For at Applicable	
Zìp	Cou	ntry	Zip	Count			Certificate of S		/ \	8.75 Add ee Require		
6. Name and Address of Current Registered Agent						: 7:	Name and Add	dress of New Re	egistered A	gent ··	<u> </u>	
BYERS, LINDSAY W.					Street A	eet Address (P.O. Box Number is Not Acceptable)						
3178 PALMIRA STREET TAMPA FL 33629											<u></u>	
,					City				FL	Zip Code	9	
8. The above		its this statement for th	e purpose of changing its reliable if applicable (NOTE:			registered a		the State of Flo	DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After May 1, 2002 Make Check Payable					vill be \$5	50.00	I	n Campaign Fina und Contribution			O May Be to Fees	
11.		OFFICERS AND DIF		12 .		A	DDITIONS/CHA	ANGES TO OFFI				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, BRO 14555 PINE COI CLERMONT FL 3	NE TRAIL	□ Delete	T ADDRESS ST-ZIP	Bruce	XX Change ☐ Additi Bruce Johnson						
TITLE NAME *	V		☐ Delete	TITLE						☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	SPAW, HAROLD 2806 W. SITKA TAMPA FL	1.		STREE	T ADDRESS ST-ZIP							
TITLE	V		Delete	TITLE					<u> </u>	☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	WILDER, ROBER 10727 DOWRY / TAMPA FL			STREE	T ADDRESS ST-ZIP	II.					į	
TITLE NAME	PD BYERS, LINDSAY	/ W	☐ Delete	TITLE		•	-	-		☐ Change	Addition .	
STREET ADDRESS CITY-ST-ZIP	3718 PALMIRA S TAMPA FL 3362	T		1	T ADDRESS ST-ZIP							
TITLE NAME	STD		☐ Delete	TITLE						☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	BYERS, JOHN L 2530 TENNESSE TAMPA FL			STREE	T ADDRESS ST-ZIP							
TITLE	V		Delete	TITLE NAME		27 (1				Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	REET ADDRESS 5414 DEERBROOKE CREEK CIRCLE #10					16530	Connelly Forestle, Fl 336	ake Driv	е			
13. I hereby of indicated of the cor	certify that the inform on this report or supportation or the rece	nation supplied with this oplemental report is tru iver or trustee empowe	s filing does not qualify for the and accurate and that my red to execute this report at all other like empoyered.	he exen	ure shall h	ed in Section ave the same	119.07(3)(i), Fle legal effect as	orida Statutes. I if made under o	ath; that I ar	n an officer	or director	

SIGNATURE:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #