

FILED
Apr 28, 2008 8:00 am
Secretary of State

DOCUMENT # F99000006677



Mailing Address
5005 LBJ FREEWAY
SUITE 250
DALLAS, TX 75244

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

04252008 Chg-NP CR2E037 (12/06)

4. FBI Number
75-2870702

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

Name _____

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10.	OFFICERS AND DIRECTORS
-----	------------------------

TITLE	T	<input type="checkbox"/> Delete
NAME	WHITEMAN, THOMAS CPA	
STREET ADDRESS	1840 4TH STREET NORTH	
CITY - ST - ZIP	SAINT PETERSBURG FL 33704	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BREWER, SHERRY	
STREET ADDRESS	355 BRIGHT WATERS BLVD.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	

TITLE	P	<input checked="" type="checkbox"/> Deleted
NAME	KRAVITZ, GINA	
STREET ADDRESS	2087 ILLINOIS AVENUE N.E.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33703	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MALTZ, HARRIET	
STREET ADDRESS	7477 OAK MOSS DRIVE	
CITY - ST - ZIP	SARASOTA, FL 34241	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Luongo, Jan		
STREET ADDRESS	15310 Amberly Drive, Suite 215		
CITY-ST-ZIP	Tampa, FL 33647		

TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Ostien, Mary		
STREET ADDRESS	8115 N. Fielding		
CITY - ST - ZIP	Tampa, FL 33604		

TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Meehan, Pat		
STREET ADDRESS	100 N Tampa St, Suite 4100		
CITY - ST - ZIP	Tampa, FL 33602		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone •