2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

H08024 **DOCUMENT #**

1. Entity Name

PLEASANTS CORPORATION



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90459 036 ***150.00

			N. S. A.	
Principal Place of Business 5222 S. CRESCENT DR. TAMPA FL 33611		Mailing Address 5222 S. CRESCENT DR. TAMPA FL 33611		
us		US		I I BREET SOM SOME SAME SAME BLEET BY BUSINESS BY BUSI
2. Principal Place of Business		3. Mailing Address		T SERVICES CONTRACTOR SERVICE BROOK FIRMS CONTRACT BROOK
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 59-2471654 Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional
	6. Name and Address of Curre	nt Registered Agent	· · ·	Fee Required 7. Name and Address of New Registered Agent
			Name	7. Haine and Address of New negistered Agent
PLEASANTS, DONALD A.			Street Add	Irong /P.O. Boy Number is Net Assessed in
5222 S. CRESCENT DR.			Sileet Addi	Iress (P.O. Box Number is Not Acceptable)
TAMPA I	FL 33611			
•.			City	FL Zip Code
8. The above	ve named entity submits this statement	for the purpose of changing its	registered office or red	gistered agent, or both, in the State of Florida. I am familiar with, and accept
the oblig	ations of registered agent.	3 3 3 3 3	- 3 - 1 - 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3	goldron agont, or both, in the state of Horida. Tarri tarrillar with, and accept
SIGNATURE	=			
	Signature, typed or printed name of registered age	ot and title if applicable. (NOTE:	Registered Agent signature re	required when reinstating) DATE
	FILE NOW!!! FEE'S \$150.00	フェー		
Afte	er May 1, 2003 Fee will be \$550.00 ck Payable to Florida Department	of State		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
10.	OFFICERS AN	D DIRECTORS	. 11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PLEASANTS, DONALD A.		NAME	Change Change
STREET ADDRESS CITY-ST-ZIP	5222 S. CRESCENT DR. TAMPA FL		STREET ADDRESS	
			CITY-ST-ZIP	
TITLE NAME	VPSD	☐ Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS	MASSEY, SUSAN A 5222 S CRESCENT DR		NAME	
CITY-ST-ZIP	TAMPA FL 33611	,	STREET ADDRESS CITY-ST-ZIP	
TITLE		Delete	TITLE	
NAME -		_ Delete	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	Change Addition
NAME	ľ		NAME	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	
TITLE			CITY-ST-ZIP	
NAME	1	☐ Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS	1		NAME!]	
CITY-ST-ZIP		4	CITY-ST-ZIP	
TITLE		□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	TITLE	
NAME		Delete ()	NAME	☐ Change ☐ Addition
STREET ADDRESS		(3)	STREET ADDRESS	
TITY-ST-7IP	1	v /	- 1	

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:

SUCCESSION TRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-2003 813-831-0502