

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90011 045 \*\*\*150.00

**DOCUMENT # H53262**

1. Entity Name  
**MOSS PORTFOLIO OF ST. PETERSBURG, INC.**

Principal Place of Business ~ JOSEPH D. EDWARDS ~ N. FRANKLIN STREET, SUITE 2100 TAMPA FL 33602	Mailing Address % JOSEPH D. EDWARDS 201 N. FRANKLIN STREET, SUITE 2100 TAMPA FL 33602-5167
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip	Country	Country
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4. FEI Number <b>58-1624810</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**HENDERSON, MALCOLM**  
**201 N. FRANKLIN STREET**  
**SUITE 2100**  
**TAMPA FL 33602**

7. Name and Address of New Registered Agent  
 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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE D NAME MOSS, PAT BUCKLEY STREET ADDRESS <del>1717 K STREET NW</del> <i>125 N Washington St</i> CITY-ST-ZIP <del>WASHINGTON DC</del> <i>Easton MD 21601</i>	<input type="checkbox"/> Delete
TITLE D NAME HENDERSON, MALCOLM L. STREET ADDRESS <del>1717 K STREET NW</del> CITY-ST-ZIP <del>WASHINGTON DC</del>	<input type="checkbox"/> Delete
TITLE D NAME BUCKLEY, DANIEL STREET ADDRESS <del>1717 K STREET NW</del> CITY-ST-ZIP <del>WASHINGTON DC</del>	<input type="checkbox"/> Delete
TITLE OT NAME SPEAKMAN, WILLIAM H. 3RD STREET ADDRESS <del>1717 K STREET NW</del> CITY-ST-ZIP <del>WASHINGTON DC</del>	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>125 N. Washington St</i> <i>Easton MD 21601</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>125 N Washington St</i> <i>Easton MD 21601</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>125 N Washington St</i> <i>Easton MD 21601</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/99)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William H. Speakman* Date: *4/26/00* Daytime Phone #: *410 820 0281*