2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) J96721 **DOCUMENT #**



FILED Mar 20, 2003 8:00 am & Secretary of State

FLORIDA CORF	PORATE CENTER, IN	IC.		03-20-2003 90093 0	35 ***150.00
Principal Place of Business % RICHARD MULHOLLAND 101 E. KENNEDY BLVD STE. 3900 TAMPA FL 33602		Mailing Address % RICHARD MULHOLLAND 101 E. KENNEDY BLVD STE. 3900 TAMPA FL 33602			
2. Principal Place of Business		3. Mailing Address			HAND BIRN BIRN SIBN BIRN 1866
%Richard Mulholland		%Richard Mulholland			•
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
3165 Lake Ellen Drive		3165 Lake Ellen Drive			
City & State Fampa, FL		City & State Tampa, FL		4. FEI Number 59-2873484	Applied For Not Applicable
33618	Country	33618	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Name and Address of Current Registered Agent				7. Name and Address of New Registered	Agent
the obligations of re	entity submits this statement for	Mall	Street Address 3165 La City Tampa	land, Richard ss (P.O. Box Number is Not Acceptable) ske Ellen-Drive Florida de Armania	- 122010 ;
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS					\$5.00 May Be Added to Fees
TITLE PD	OPPIGERS AND		11.	ADDITIONS/CHANGES TO OFFICERS ANI	
NAME MULHO	OLLAND, RICHARD KENNEDY BLVD.3900 \FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition

CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ~~ TITLE -- Change 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 TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 supply mental 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 of trustee exprovered 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 additional properties.

SIGNATURE: