2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3. Mailing Address

City & State

Zip

8. The above named entity submits this statement for the purpose of changing its registered office or registered

Suite, Apt. #, etc.

STE 100

U\$

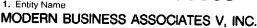
475 CENTRAL AVENUE

SAINT PETERSBURG FL 33701

DOCUMENT # K06689 1. Entity Name

Country

6. Name and Address of Current Registered Agent



Principal Place of Business

SAINT PETERSBURG FL 33701

2. Principal Place of Business

475 CENTRAL AVENUE

Suite, Apt. #, etc.

LETTELLIER, MARK

475 CENTRAL AVE SUITE 100

SAINT PETERSBURG FL 33701

the obligations of registered agent.

City & State

Zip

STE 100

US



FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90084 015 ***150.00

	JUUUUIVU
	☐ CHECK HERE IF MAKING CHANGES
	4. FEI Number 59-2865066 Applied For Not Applicable
y 	5. Certificate of Status Desired \$8.75 Additional Fee Required
	7. Name and Address of New Registered Agent
Name	
Street Addre	ess (P.O. Box Number is Not Acceptable)
City	FL Zip Code
office or reg	istered agent, or both, in the State of Florida. I am familiar with, and accept
gent signature re-	quired when reinstating) DATE
	9. Election Campaign Financing Trust Fund Contribution. Shadded to Fees
	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

SIGNATURE						
	Signature, typed or printed name of registered agent and title if	applicable. (NOT	E: Registered Agent signature requir	ed when reinstating)	DATE	
Afte Make Chec	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 ok Payable to Florida Department of State		-	9. Election Campaign F Trust Fund Contributi	, _ +0.,	00 May Be d to Fees
10.	OFFICERS AND DIRECT	TORS	11.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTOR	C IN 11
TITLE SAME STREET ADDRESS CITY-ST-ZIP	VD RICE, JACK S SR. 475 CENTRAL AVE SUITE 100 SAINT PETERSBURG FL 33701	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICE, JACK S JR. 475 CENTRAL AVE SUITE 100 SAINT PETERSBURG FL 33701	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS MASCARA, ERNEST L 475 CENTRAL AVE SUITE M-6 SAINT PETERSBURG FL 33701	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LETTELLEIR, MARK P 475 CENTRAL AVE SUITE 100 SAINT PETERSBURG FL 33701	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
STREET ADDRESS	D HARRELL, ROY J JR 475 CENTRAL AVE, SUITE 100 SAINT PETERSBURG FL 33701	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	D WARD, SUSAN 475 CENTRAL AVE SUITE 100 SAINT PETERSBURG FL 33701 ertify that the information supplied with this filling	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition

Country

indicated on this report or 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 changed, or on an attachment with an attdress with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR