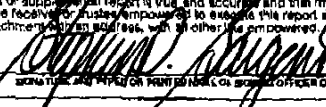


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03 APR 25 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # K86684			
1. Entity Name STEPHEN D. SARGENT & COMPANY			
Principal Place of Business 3306 LYKES AVENUE TAMPA, FL 33609		Mailing Address 3306 LYKES AVE TAMPA, FL 33609	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. PEI Number 59-3086231		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		Additional Fee Required \$5.75	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SARGENT, STEPHEN D. 3306 LYKES AVENUE TAMPA, FL 33609		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 obligation of registered agent.			
SIGNATURE		DATE	
			
9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete SARGENT, STEPHEN D. 3306 LYKES AVENUE TAMPA, FL 33609	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 600018459656 05/07/03-01087-025 CR#317.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete SARGENT, JULIE G. 3306 LYKES AVENUE TAMPA, FL 33609	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 to this report, with all other persons empowered.			
SIGNATURE: 		t/23/03 -  Principal CEO	

813-294-0752

js 4/25