


**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90574 048 \*\*\*\*50.00

**DOCUMENT # L01000017043**

1. Entity Name  
**LATVALA, COLEY AND COMPANY, LLC**



Principal Place of Business  
712 WEST PLATT ST.  
TAMPA, FL 33606

Mailing Address  
712 WEST PLATT ST.  
TAMPA, FL 33606

2. Principal Place of Business  
**109 Phillips Way**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 488**  
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
**Palm Harbor, FL**

City & State  
**Palm Harbor, FL**

4. FEI Number  
**59-3743084**

Applied For  
 Not Applicable

Zip  
**34683**

Country  
**U.S.A.**

Zip  
**34682**

Country  
**U.S.A.**

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**LATVALA, WOODROW J**  
712 WEST PLATT ST.  
TAMPA, FL 33606

7. Name and Address of New Registered Agent  
Name  
**Woodrow J. Latvala**  
Street Address (P.O. Box Number is Not Acceptable)  
**109 Phillips Way**  
City  
**Palm Harbor, FL** Zip Code  
**34683**

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 obligations of registered agent.

SIGNATURE Woodrow J. Latvala DATE 04/28/03

Signature, typed or printed name of registered agent and time of expiration. (NOTE: Registered Agent signature required when resigning)

**FILE NOW!! FEES \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>LATVALA, WOODROW J</b> <b>35111 U.S. HWY. 19 NORTH, #104</b> <b>PALM HARBOR, FL 34684</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>109 Phillips Way</b> <b>Palm Harbor FL 34683</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Woodrow J. Latvala DATE 04/28/03 727-772-8233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (10/02)