

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90137 023 ****55.00

DOCUMENT # L01000019812

1. Entity Name

MAID IN AMERICA OF TAMPA BAY, LLC

Principal Place of Business

**107 MARSHALL STREET
 SAFETY HARBOR FL 34695**

Mailing Address

**107 MARSHALL STREET
 SAFETY HARBOR FL 34695**

2. Principal Place of Business

2242 US HIGHWAY 19

3. Mailing Address

P.O. Box 3823

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Holiday, Florida

City & State

Holiday Florida

4. FEI Number

X59-3757853

Applied For

Not Applicable

Zip

Country

34691 USA

Zip

Country

34690

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**BROOKS, J. HENRY
 107 MARSHALL STREET
 SAFETY HARBOR FL 34695**

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Henry Brooks

2/15/02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME	MGRM BROOKS, J. HENRY	<input type="checkbox"/> Delete
STREET ADDRESS	107 MARSHALL STREET	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	VICE PRESIDENT TERI NOLAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5019 Zodiac Ave	
CITY-ST-ZIP	Holiday, Fla 34690	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: *SIGNATURE BLOTTED*

2/15/02 727-943-2670

CR2E083 (9/01)