

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

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

05-02-2003 90580 048 \*\*\*\*55.00

0065323

DOCUMENT # L01000019812

1. Entity Name  
**MAID IN AMERICA OF TAMPA BAY, LLC**



Principal Place of Business <b>2242 US HWY 19 HOLIDAY FL 34691</b>	Mailing Address <b>PO BOX 3823 HOLIDAY FL 34690</b>
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2. Principal Place of Business <b>5019 Zodiac Ave</b>	3. Mailing Address <b>PO Box 3823</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State <b>Holiday, Fla</b>	City & State <b>Holiday, Fla</b>
Zip <b>34690</b>	Zip <b>34690</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>59-3757853</b>	Applied For <input type="checkbox"/> Not Applicable
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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 **Teri L. Nolan**  
Street Address (P.O. Box Number is Not Acceptable)  
**5019 Zodiac Ave**  
City **Holiday** FL Zip Code **34690**

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 *Teri L. Nolan* (owner) DATE 04.25.03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME <b>MGRM BROOKS, J. HENRY</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>107 MARSHALL STREET</b>	
CITY-ST-ZIP <b>SAFETY HARBOR FL 34695</b>	
TITLE NAME <b>NOLAN, TERI</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>5019 ZODIAC AVE</b>	
CITY-ST-ZIP <b>HOLIDAY FL 34690</b>	
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	

10. ADDITIONS/CHANGES	
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	
CITY-ST-ZIP	
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	
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: *Teri L. Nolan* DATE 04.25.03 727-505-4907  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (10/02)