2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: ____

DOCUMENT # M00000000653							_	. n			
Principal Place of Business 220 MORTH WESTSHORE BLVD. STH FLOOR TAMPA FL 35807 220 MORTH WESTSHORE BLVD. STH FLOOR TAMPA FL 35807 220 MORTH WESTSHORE BLVD. STH FLOOR TAMPA FL 35807 220 MORTH WESTSHORE BLVD. STH FLOOR TAMPA FL 35807 220 MORTH WESTSHORE BLVD. STH FLOOR TAMPA FL 35807 220 MORTH WESTSHORE BLVD. STH FLOOR TAMPA FL 35807 220 Morth WESTSHORE BLVD. STH FLOOR TAMPA FL 35807 220 Morth WESTSHORE BLVD. STH FLOOR TAMPA FL 35807 220 Morth WESTSHORE BLVD. STH FLOOR TAMPA FL 35807 220 Make Check Pa state 220 Morth WESTSHORE BLVD. STH FLOOR TAMPA FL 35807 220 Morth WESTSHORE BLVD. STH FLOOR TAMPA FL 35807 220 Morth WESTSHORE BLVD. STH FLOOR TAMPA FL 35807 220 Morth WESTSHORE BLVD. STH FLOOR TAMPA FL 35807 220 Morth WESTSHORE BLVD. STH FLOOR TAMPA FL 35807 220 Morth WESTSHORE BLVD. STH FLOOR TAMPA FL 35807 220 Morth WESTSHORE BLVD. STH FLOOR TAMPA FL 35807 220 Morth WESTSHORE BLVD. STH FLOOR TAMPA FL 35807 220 Morth WESTSHORE BLVD. STH FLOOR TAMPA FL 35807 220 Morth WESTSHORE BLVD. STH FLOOR TAMPA FL 35807 220 Morth WESTSHORE BLVD. STH FLOOR TAMPA FL 35807 220 Morth WESTSHORE BLVD. STH FLOOR TAMPA FL 35807 220 Morth WESTSHORE BLVD. STH FLOOR TAMPA FL 35807 220 MORTH WESTSHORE BLVD. STH FLOOR TAMPA FL 35807 220 MORTH WESTSHORE BLVD. STH FLOOR TAMPA FL 35807 220 MORTH WESTSHORE BLVD. STH FLOOR TAMPA FL 35807 220 MORTH WESTSHORE BLVD. STH FLOOR TAMPA FL 35807 220 MORTH WESTSHORE BLVD. STH FLOOR TAMPA FL 35807 220 MORTH WESTSHORE BLVD. STH FLOOR TAMPA FL 35807 220 MORTH WESTSHORE BLVD. STH FLOOR TAMPA FL 35807 220 MORTH WESTSHORE BLVD. STH FLOOR TAMPA FL 35807 220 MORTH WESTSHORE BLVD. STH FLOOR TAMPA FL 35807 220 MORTH WESTSHORE BLVD. STH FLOOR TAMPA FL 35807 220 MORTH WESTSHORE BLVD. STH FLOOR TAMPA FL 35807 220 MORTH WESTSHORE BLVD. STH FLOOR TAMPA FL 35807 220 MORTH WESTSHORE BLVD. STH FLOOR TAMPA FL 35807 220 MORTH WESTSHORE BLVD. STH FLOOR TAMPA FL 35807 220 MORTH WESTSHORE BLVD. STH FLOOR TAMPA FL 35807 220 MORTH WESTSHORE BLVD. STH F	IVILARARARARA]				
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Sute. Apt. #. etc Sute. Apt. #, etc Sute. Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State A. FEI Number S9-3599793 Applied for Non Application Applied for Applied for Non Application Applied for Non Application Applied for	2202 NORTH WESTSHORE BLVD 5TH FLOOR 2202 NORTH WESTSHORE				E BLVD., 5TH FLOOR		SECRETARY OF STATES TALLAHASSEE, FLORIDA				
City & State Country Zip Country S. Certificate of Status Desired S\$ 50.00 Additional Foot Reputation	2. Principal F	Place of Business	3. Mailing Address								
Sp. 25599793 St. Applicable Sp. 25599793 Sp	Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
S. Certificate of Status Desired Sta	City & State		City & State				E0 0500700		' 		
Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	Zìp	Country	Zip	Coun	try		5. Certi	ficate of Status Desired			
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent				7. Nam	e and Address of New Registered	Agent]
2202 NORTH WESTSHORE BLVD., 5TH FLOOR TAMPA FL 33607 City			,	-	Name	,					
E. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida. SIGNATURE General, Speed or prizade name of registered agent and little if expectations. (NOT: Registered Agent submits remotative) FILE NY W!!! FEE IS \$50.00 Make Check Pi eble to Department of State #####\$55.00 #####\$55.00 #####\$55.00 #####\$55.00 #####\$55.00 #####\$55.00 #####\$55.00 #####\$55.00 #####\$55.00 #####\$55.00 ######\$55.00 ######\$55.00 ######\$55.00 ######\$55.00 ######\$55.00 ######\$55.00 ######\$55.00 ######\$55.00 #######\$55.00 #######\$55.00 #######\$55.00 #######\$55.00 ##################################	2202 NORTH WESTSHORE BLVD., 5TH FLOOR				Street	reet Address (P.O. Box Number is Not Acceptable)				<u> </u>	
SIGNATURE Topical.ue, hybrid or printed name of registered agent and site. Japplicable (NOT) Registered Agent signature (agented when in instation) DATE					City			F	Zip Cod	e	
Signature, typeed or printed name of registered agent and title il applicable NAME STREET ADDRESS TAMPA FL 33607 Delete NAME STREET ADDRESS STR		e named entity submits this statement fo	r the purpose of changing its	egistere	ad office	or registere	ed agent,	or both, in the State of Florida.			
FILE N W FEE S 50.00 -0.57.25/010.10.040.20	SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	Registere	d Agent sign	nature required	when reinstati	ng) DATE			1
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