2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NICOCOCOCO

FILED Feb 19, 2003 8:00 am Secretary of State

1. Entity Na	ame	ENTER OF MANA		-					0016 033 ****	
Principal Place of Business			Mailin	Mailing Address			1			
2301 22ND AVENUE SOUTH SAINT PETERSBURG FL 33712			PO BOX	PO BOX 530512 ST PETERSBURG FL 33747-0512						
2. Principal	Place of Busin	ness	3. Mail	ing Address		***				
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.					MAKING CHANGE	,,,,,,
City & State			City	City & State			4. FEI Number 59-3623003 Applied For			
Zip .	Country .		Zip	Zip		5. Certificate of Status Des		atus Desired	□ \$8.75 A	Not Applicable dditional
6. Name and Address of Current Registered Agent					<u> </u>		7. Name and Add	roce of New Peal	Fee Requi	red
EHRLICH, CHARLES W 4699 CENTRAL AVENUE SAINT PETERSBURG FL 33713					Stree	anet t Address (F	_ = =	Int Acceptable)		
8. The above named entity submits this statement for the purpose of changing its rithe obligations of registered agent: **The above named entity submits this statement for the purpose of changing its rithe obligations of registered agent: **The above named entity submits this statement for the purpose of changing its rithe obligations. **The above named entity submits this statement for the purpose of changing its rithe obligations. **The above named entity submits this statement for the purpose of changing its rithe obligations. **The above named entity submits this statement for the purpose of changing its rithe obligations. **The above named entity submits this statement for the purpose of changing its rithe obligations. **The above named entity submits this statement for the purpose of changing its rithe obligations. **The above named entity submits this statement for the purpose of changing its rither obligations. **The above named entity submits the above named entities and the above named entity submits the above named entities are named entities and the above named entity submits the above named entities are nam					City ST registered office	City FL Zip Code 33707 ared office or registered agent, or both, in the State of Florida. I am familiar with, and accept				
SIGNATURE		TO. Herry			adero	· Hos	ln	Joo		
	FILE NOW:	: FEE IS \$61.25		9. Election Cam		9 _	\$5.00 May Be	Make	Check Payable	e to
	FILE NOW:	: FEE IS \$61.25			npaign Financing	,	\$5.00 May Be Added to Fees	Florida I	Check Payable Department of	State
10.	FILE NOW:			9. Election Carr Trust Fund Co	npaign Financing ontribution.	,	\$5.00 May Be	Florida I	Check Payable Department of	State N 10
		: FEE IS \$61.25		9. Election Cam	npaign Financing ontribution. 11. TITLE	,	\$5.00 May Be Added to Fees	Florida I	Check Payable Department of	State
TITLE NAME STREET ADDRESS	D FORTUNE, 2911 SUNS	OFFICERS AND D JEFFREY L SET WAY		9. Election Carr Trust Fund Co	npaign Financing ontribution.	A	\$5.00 May Be Added to Fees DDITIONS/CHANGE	Florida I	Check Payable Department of	State N 10
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D FORTUNE, 2911 SUNS ST. PETE E D EHRLICH, (OFFICERS AND D JEFFREY L SET WAY BEACH FL 33706 CHARLES W		9. Election Carr Trust Fund Co	npaign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	286 20	\$5.00 May Be Added to Fees DDITIONS/CHANGE	Florida I	Check Payable Department of AND DIRECTORS II Change	State N 10 Audition Addition
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12. 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: