2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000002919

4150 17TH STREET # 30

SAN FRANCISCO, CA 94114

Address:

City-St-Zip:

Entity Name: CENTER TO PRESERVE NATIVE FLORIDA, INC.

FILED Apr 18, 2003 Secretary of State

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Current Principal Place of Business:			New Principal Place	of Business:	
10111 OR/ TAMPA, F	ANGE GROVE L 33618	DRIVE			
Current Mailing Address:			New Mailing Addres	s:	
	FICE BOX 158 AKES, FL 346	390158			
FEI Number: 59-3715028 FEI Number Applied For (FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
TAMPA, F The above	ANGE GROVE L 33618		purpose of changing its registere	d office or registered agent, or both,	
SIGNATU					
SICIVATO		ic Signature of Registered Ac	gent	 Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	BEXLEY, JAME	E GROVE DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BEXLEY, MABI	E GROVE DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D () HEALIS, TYLER	Delete	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MABEL H. BEXLEY RA 04/18/2003