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

## DOCUMENT # N01000008022



Apr 21, 2003 8:00 am Secretary of State

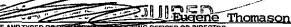
04-21-2003 90438 042 \*\*\*\*61.25

**FILED** 

INC.									
12001 CORY LAKE BLVD. 120		12001 0	Mailing Address 2001 CORY LAKE BLVD. 'AMPA FL 33647						
2. Principal F	Place of Business	3. Maili	ng Address	+ 640 <sub>10</sub>					
Suite, Apt. #, etc.		Suit	te, Apt. #, etc.					-1- 110) (86*	
City & State			City & State			CHECK HERE IF MAKING CHANGES  4. FEI Number 04-2001000 Applied For			
					4. FEITVOINDEI 04-	04-300 1092 Not Appl		t Applicable	
Zip	Country Zi			Country	5. Certificate of State	5. Certificate of Status Desired S8.75 Additional Fee Required			
6. Name and Address of Current Registere			Ad Agent Name		7. Name and Addre	7. Name and Address of New Registered Agent			
KREISCHER, ALBERT C JR			en e	the state of the s					
1407 W. BUSCH BLVD.				Street Address (P.O. Box Number is Not Acceptable)					
-TAMPA F	L 33612							ļ	
				City		FL	Zip Cod	e	
	named entity submits this statement folions of registered agent.  Signature, typed or printed name of registered agent			gistered office ar regis		e State of Fiorida. Tam	familiar with	and accept	
FILE NOW: FEE IS \$61.25			9. Election Campa Trust Fund Conf	• -	\$5.00 May Be Added to Fees	Make Chec Florida Depar			
10.	OFFICERS AND DI	RECTORS		11.	ADDITIONS/CHANGES	TO OFFICERS AND D	IRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAGLIARINO, JUDY 12001 CORY LAKE BLVD. TAMPA FL 33647		☐ Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMASON, EUGENE E 12001 CORY LAKE BLVD. TAMPA FL 33647		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMASON, BETTY 12001 CORY LAKE BLVD. TAMPA FL 33647		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		يويدوا ويعرا مريوره وا	☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		· <del>-</del>	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	

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 ether like empowered.

**SIGNATURE:** 



4/17/03

(813)986-2679