

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000007003

FILED  
Apr 26, 2003  
Secretary of State

Entity Name: THE POTIOR CORPORATION OF TAMPA

## Current Principal Place of Business:

11266 W. HILLSBOROUGH AVE., #242  
TAMPA, FL 33635

## New Principal Place of Business:

11266 W. HILLSBOROUGH AVE., #242  
TAMPA, FL 33635 US

## Current Mailing Address:

11266 W. HILLSBOROUGH AVE., #242  
TAMPA, FL 33635

## New Mailing Address:

11266 W. HILLSBOROUGH AVE., #242  
TAMPA, FL 33635 US

FEI Number: 56-2285416

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIMON, GARY L  
11266 W. HILLSBOROUGH AVE., #242  
TAMPA, FL 33635

## Name and Address of New Registered Agent:

SIMON, GARY L  
11266 W. HILLSBOROUGH AVE., #242  
TAMPA, FL 33635 US

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.

SIGNATURE:

04/26/2003

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SIMON, GARY L  
Address: 11266 W. HILLSBOROUGH AVE., #242  
City-St-Zip: TAMPA, FL 33635

Title: SD ( ) Delete  
Name: RUSTOGI, HEMANT DR.  
Address: 4223 LYNX PAW TRAIL  
City-St-Zip: VALRICO, FL 33594

Title: TD ( ) Delete  
Name: RABENOLD, NANCY  
Address: 10503 SEDGEBROOK DR.  
City-St-Zip: RIVERVIEW, FL 33569

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: GARY L SIMON

PRES

04/26/2003

Electronic Signature of Signing Officer or Director

Date