2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# N07000010389

Entity Name: AMERICAN SOCIETY OF PROFESSIONAL ESTIMATORS, TAMPA CHAPTER NO. 48, INC.

Current Principal Place of Business:

4950 WEST KENNEDY BOULEVARD, STE. 600
TAMPA, FL 33609

New Principal Place of Business:

4030 WEST BOY SCOUT BOULEVARD
200
TAMPA, FL 33607

Current Mailing Address:

P.O. BOX 16129
TAMPA, FL 336876129

New Mailing Address:

FEI Number: 20-1517163 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NIDZGORSKI, ROBERT
4950 WEST KENNEDY BOULEVARD, STE. 600
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

NIDZGORSKI, ROBERT
4030 WEST BOY SCOUT BOULEVARD
200
TAMPA, FL 33607 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: _____ 04/07/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: NIDZGORSKI, ROBERT
Address: 4950 WEST KENNEDY BOULEVARD, STE. 600
City-St-Zip: TAMPA, FL 33609

Title: D ( ) Delete
Name: BENTON, MICHAEL
Address: 6519 ARBOR DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D ( ) Delete
Name: LENZ, DAVID
Address: 7031 BENJAMIN ROAD, SUITE G
City-St-Zip: TAMPA, FL 33634

Title: D ( ) Delete
Name: POWELL, CLIFF
Address: 938 RIVERHILLS DRIVE
City-St-Zip: TAMPA, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: NIDZGORSKI, ROBERT
Address: 4030 WEST BOY SCOUT BOULEVARD, STE. 200
City-St-Zip: TAMPA, FL 33607

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

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

Title: D (X) Change ( ) Addition
Name: POWELL, CLIFFORD
Address: 938 RIVERHILLS DRIVE
City-St-Zip: TAMPA, FL 33617

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CLIFFORD POWELL D 04/07/2009
Electronic Signature of Signing Officer or Director — Date