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

DOCUMENT # N07440



Jul 09, 2003 8:00 am Secretary of State

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Principal Place of Business 111 SOUTH DAKOTA AVE TAMPA FL 33606			111 SO	Mailing Address 111 SOUTH DAKOTA AVE TAMPA FL 33806								
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2. Principal Place of Business			3. Mail	3. Mailing Address								
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State			Cit	City & State			4. FEI Number 5		-1877018 Apr		pplied For at Applicable	}
Zip		Country	Zip		Countr	у	5. Certificate of	Status Desired		75 Add Required		
	6. Name	and Address of Curi	rent Registere	d Agent			7. Name and A	ddress of New R	egistered Agen]
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TAMPA F	elville ave El 33606	•	•		-			<u> </u>	<u>~_/\\</u>			1
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	e named entity itions of regist	submits this stateme ered agent.	nt for the purp	ose of changing its re	egistered o	office or registe	ered agent, or both.	in the State of Flo	rida. I am famili	ar with,	and accept]
	1 Rosi	Lana	C.	•	,							
SIGNATURA	Signature, typed	or printed name of registered a	agent and title if app	licable (NOTE: I	Registered Ag	ent signature require	ed when reinstating)		DATE			}
l '										\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State		
			\$236.25	9. Election Camp Trust Fund Co	_	· —	\$5.00 May Be Added to Fees					
	tember 10,				_	· —		Florid	la Departmer	nt of S	State	
After Sept	tember 10,	2003, min will be			ntribution. 11. TITLE	· —	Added to Fees	Florid	la Departmer	nt of S	State	(00)
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After Sept 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CLARK, M/ 6712 MIRR TAMPA FL 2VD GIDDENS,	OFFICERS AND OFFICERS AND OFFICERS AND OR LAKE AVE 33634 BOBBY		Trust Fund Co	11. TITLE NAME STREET A CITY-ST- TITLE NAME	DDRESS -ZIP	Added to Fees ADDITIONS/CHAP	Florid	la Departmen	ORS IN	10 Addition	CD0F007 (4/00)
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12. I hereby certify that the information supplied with this filling 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 truster 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 appreciate of the corporation of t

SIGNATURE: