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

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90323 048 ****61.25

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DOCUMENT # N12229

1. Entity Name

JOSEPH'S CUPBEARERS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
600 BYPASS DRIVE. STE. 210 CLEARWATER FL 33764 US	600 BYPASS DRIVE. STE. 210 CLEARWATER FL 33764 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2648957 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BADGER, BERKLEY C 600 BYPASS DRIVE, STE. 210 CLEARWATER FL 33764	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPC PASCO, MILTON 2942 DREW ST #1517 CLEARWATER FL 33759	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOARDMEMBER BOB W BOB WARD ROBERT WARD 3500 18TH AVE SOUTH WARD ST. PETERSBURG FL. 33711	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BROWNE, BOB 1055 CHARLES ST CLEARWATER FL ~~33759~~ 33755	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOARD MEMBER DAVID LOW 2844 LUCE DR. N CLEARWATER, FL. 33761	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST PARENT, BARBARA 612 CHARISMA DR TARPON SPRINGS FL 34689-3902	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOARDMEMBER ROBERT WARD 3500 18TH AVE SOUTH ST. PETERSBURG, FL. 33711	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY / TREASURER BEATRICE JOELENE BLAKLEY 9006 SCOTTWILSON LN. ODDESA FL. 33556	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOARDMEMBER CLAYTE MORGAN 1055 CHARLES ST CLEARWATER FL. 33755	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOARDMEMBER ED FENCH 1055 CHARLES ST CLEARWATER, FL. 33755	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

ADDITIONS

CR2E037 (10/02)

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 other like empowered.

SIGNATURE: _____ REQUIRED 4-30-03 727-647-8116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR