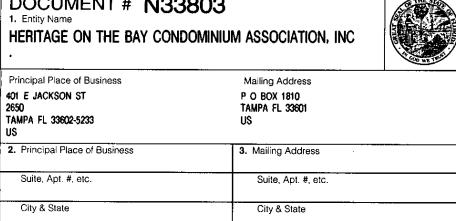
2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33803



FILED Feb 12, 2003 8:00 am Secretary of State

02-12-2003 90096 008 ****61.25

						~					
Principal Place of Business 401 E JACKSON ST 2650 TAMPA FL 33602-5233 US			POB	ng Address IOX 1810 A FL 33601	·						
	Place of Busines	ss	3. Ma	Mailing Address							
Cuite And H. de							-				
Suite, Apt. #, etc.				uite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. FEI Number 38-2460647			pplied For ot Applicable	
Zip Country			Zip		Count	ry				3.75 Additional e Required	
	6. Name a	nd Address of Current	Register	ed Agent			7. Name and Addre	ess of New Registered			
GARDNER, MERRITT A 401 E JACKSON ST 2650 TAMPA FL 33602						Name Street Address	(P.O. Box Number is No	ot Acceptable)	·		
TAMPA FL 33602						City		FL	Zip Cod	le	
the obliga	ations of registere	uprints this statement to ad agent.				Office or registe	, , , , , , , , , , , , , , , , , , , ,	e State of Florida. I am	ramiliar with,	and accept	
10.		OFFICERS AND DI	RECTORS	9. Election Cam Trust Fund C			\$5.00 May Be Added to Fees	Make Chec Florida Depai	rtment of	State	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		T, GEORGE STREET NORTH RSBURG FL 33710		☐ Delete	TITLE NAME STREET A				☐ Change	☐ Addition	
TITLE Name Street address City-St-Zip		VIA STREET NORTH RSBURG FL 33710		□ Delete	TITLE NAME STREET A CITY-ST		T	enter any succession of the	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARDNER, N 401 E JACKS TAMPA FL	MERRITT A SON ST STE 2650		□ Delete	TITLE NAME STREET A CITY-ST				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	TITLE NAME STREET A				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET A CHY-ST-				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET A CITY-ST-				☐ Change	Addition	
12 Thoroby	noutifications that in	faces at a second Parallet 10									

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 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: CONSTRAINT STROKETED

2/8/03