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

DOCUMENT # N40288

FILED May 06, 2003 8:00 am Secretary of State

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NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33625 CITY-ST-ZIP TITLE D Delete NAME FURLONG, BRENDA STREET ADDRESS CITY-ST-ZIP TAMPA FL 33604 CITY-ST-ZIP TITLE VP Delete TITLE NAME SADA, NITZA C NAME STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME SADA, NITZA C NAME STREET ADDRESS CITY-ST-ZIP NAME	Principal Place of 6								
Suite, Apt. #, etc. Suite, Apt. #, etc. Check Here if Making Changes City & State City & State 4. FEI Number 59-3043735 Applied For Not Applicate Type Country Zip Country 5. Certificate of Status Desired S8.75 Additional Fee Required -6. Name and Address of Current Registered Agent Name LEBRON, MICHAEL W ESO Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acce	1706 W. HANNA AV		1706 W. HANNA AVE.	ANNA AVE.					
City & State Country Country Country S. Certificate of Status Desired \$8.75 Additional Fee Required \$8.75 Additional Fee Required \$8.75 Additional Fee Required To Name and Address of New Registered Agent Name LEBRON, MICHAEL W ESQ 400 E BUFFALO AVE SUITE 101 TAMPA FL 33603 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution NOTE Registered Agent Agen	2. Principal Place	of Business	3. Mailing Address						
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						•			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE	TAMPA FL 33	3603		City	*****	FL	Zip Code	}	
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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.