


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

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90220 048 ****75.00

DOCUMENT # N45479	
1. Entity Name PURPLE HEART VETERANS OF FLORIDA, INC.	

Principal Place of Business 5804 TENTH AVENUE NEW PORT RICHEY FL 34652-4742 US	Mailing Address 5804 TENTH AVE NEW PORT RICHEY FL 34652-4742 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number 59-3090999	Applied For
	Not Applicable

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SHRED, GEORGE F 5804 TENTH AVE NEW PORT RICHEY FL 34652

7. Name and Address of New Registered Agent	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	PT <input type="checkbox"/> Delete
NAME	BROWN, GORDON K
STREET ADDRESS	6580 YEDRA
CITY-ST-ZIP	FORT PIERCEE FL
TITLE	VT <input type="checkbox"/> Delete
NAME	BEAGLE, PAUL P
STREET ADDRESS	933 S.W. BAY STATE RD
CITY-ST-ZIP	PORT ST. LUCIE FL
TITLE	TD <input checked="" type="checkbox"/> Delete
NAME	SHRED, GEORGE F
STREET ADDRESS	5804 TENTH AVE
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	SD <input type="checkbox"/> Delete
NAME	HANRIGHT, ROBERT A
STREET ADDRESS	895 SNOOK AVE.
CITY-ST-ZIP	NEW SMYRNA BEACH FL
TITLE	TD <input checked="" type="checkbox"/> Delete
NAME	SHRED, GEORGE
STREET ADDRESS	5804 TENTH AVENUE
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	D <input type="checkbox"/> Delete
NAME	GRANT, RICHARD M.
STREET ADDRESS	9675 MOCKING BIRD LANE
CITY-ST-ZIP	MICCO FL 32976-3309

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	CORP. MEMBER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LORAY GORDON
STREET ADDRESS	944 ROY NOLDS RD. LOT 13
CITY-ST-ZIP	LAKE LAND, FL. 33801
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	CORP. MEMBER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGE PASSWATER
STREET ADDRESS	308 WHITE CHIFF BLVD.
CITY-ST-ZIP	LAKE BURNDALE, FL 33823
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *[Signature]* **1-16-2003 722-845-5829**

CR2E037 (10/02)