


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

FILED
Feb 27, 2003 8:00 am
Secretary of State

2/7

02-07-2003 90044 006 ****70.00

DOCUMENT # N50140
1. Entity Name
MAYOR'S BEAUTIFICATION PROGRAM, INC.



Principal Place of Business
**400 N. TAMPA STREET
SUITE 1350
TAMPA FL 33601
US**

Mailing Address
**400 NORTH TAMPA STREET
SUITE 1350
TAMPA FL 33602
US**


2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

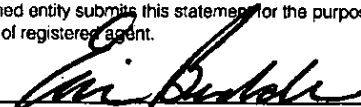
4. FEI Number **59-3150612** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**FAULK, DEBRA KENT
400 N. TAMPA ST.
SUITE 1350
TAMPA FL 33601**

7. Name and Address of New Registered Agent
Name **Erin Budde**
Street Address (P.O. Box Number is Not Acceptable)
400 N. Tampa Street, Suite 1350
City **Tampa** FL Zip Code **33602**

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  **Erin Budde, Executive Director** **2/13/02**
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. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FERLITA, ROSS	
STREET ADDRESS	7525 NORTH BLVD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BENEDICT, BETSY	
STREET ADDRESS	400 N. ASHLEY #3000	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOUSE, SUE	
STREET ADDRESS	13707 WALBROOKE AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TROCKE, MIKE	
STREET ADDRESS	101 E KENNEDY S2500	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PREUSCH, BARRY	
STREET ADDRESS	4925 INDEPENDENCE PARKWAY	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAZARUS, BILL	
STREET ADDRESS	1511 S CHURCH ST.	
CITY-ST-ZIP	TAMPA FL 33629	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wilder, Larry	
STREET ADDRESS	100 Madison, Suite	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Pressner	
STREET ADDRESS	101 East Kennedy Blvd. #3500	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Arthur	
STREET ADDRESS	601 Bayshore Blvd., Suite 830	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Erin Budde	
STREET ADDRESS	400 North Tampa Street, Suite 1350	
CITY-ST-ZIP	Tampa, FL 33602	
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		

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:  **LARRY WILDER** **01.03.03** **813.221.8771**
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/02)