2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003
Secretary of State

DOCUMENT# N93000001312

Entity Name: TREASURE ISLAND CHARITIES, INC.

Current Principal Place of Business:

12781 KINGFISH DR.
TREASURE ISLAND, FL 33706

New Principal Place of Business:

Current Mailing Address:

12781 KINGFISH DR.
TREASURE ISLAND, FL 33706

New Mailing Address:

FEI Number: 59-3170845 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FARNER, TERRY
12781 KINGFISH DR.
TREASURE ISLAND, FL 33706 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FARNER, TERRY
Address: 3814-48TH AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33711

Title: VD ( ) Delete
Name: STILES, BOB
Address: 7300-4TH AVENUE SOURTH
City-St-Zip: ST. PETERSBURG, FL 33707

Title: D ( ) Delete
Name: WILLIS, JON
Address: 1561 44TH AVE. N.E.
City-St-Zip: ST. PETERSBURG, FL 33703

Title: D ( ) Delete
Name: RICE, SID
Address: 47 DOLPHIN DRIVE
City-St-Zip: TREASURE ISLAND, FL 33706

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T ( ) Change (X) Addition
Name: TURNER, JACLYN
Address: 311 JULIA CIRCLE N.
City-St-Zip: ST. PETE BEACH, FL 33706

Title: D ( ) Change (X) Addition
Name: BERARDELLI, JEFF
Address: 305 S. NEWPORT AVE. #2
City-St-Zip: TAMPA, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JON WILLIS D 02/06/2003

Electronic Signature of Signing Officer or Director — Date