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

DOCUMENT # N94000002296

1. Entity Name



FILED Feb 26, 2003 8:00 am Secretary of State

02 26 2003 00114 046 ****61 25

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601 7TH ST SOUTH 601		Mailing Address 601 7TH ST SOUTH DR BRYANT'S OFFICE ST. PETERSBURG FL : US	01 7TH ST SOUTH OR BRYANT'S OFFICE ST. PETERSBURG FL 33701		.		esii) saijs kisis wax	
2. Principa	al Place of Business	3. Mailing Address						
Suite, A	pt. #, etc.	Suite, Apt. #, etc.		-				
City & Si	tate	City & State		<u> </u>		'		
Zip	Country	Zip	Coun	try			¬ \$8.75 A	dditional
	6. Name and Address of Current	Registered Agent				_	Tee Requi	red
551/44				Name =	The company of the company	reas of New Regist	erea Agent	
Bryant, Kenneth R 601 7th St South St. Petersburg Fl 33701			<u> </u>		(P.O. Box Number is Not Acceptable)			
_			I	City	-		FL Zip Co	de
	ve named entity submits this statement for ations of registered agent.	the purpose of changing	its registered	office or registe	ered agent, or both, in the	he State of Florida.	I am familiar with	, and accept
SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (N	OTE: Registered Ac	gent signature require	ad when rainstating)	D		
	Signature, typed or printed name of registered agent a FILE NOW: FEE IS \$61.25	9. Election C Trust Func	OTE: Registered Accampaign Final	ıncina	\$5.00 May Be Added to Fees	Make C	heck Payable	to State
10.	FILE NOW: FEE IS \$61.25 OFFICERS AND DIR	9. Election C Trust Func	ampaign Fina	incing	\$5.00 May Be Added to Fees	Make Ci Florida De	heck Payable	State
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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 changed, or on an attachment with an address, with effoother like empowered.

CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

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☐ Delete

☐ Change

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