## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Sep 17, 2002 8:00 am Secretary of State DOCUMENT # N94000002948 1. Entity Name 09-17-2002 90107 020 \*\*\*\*61.25 THE CENTER OF TAMPA, INC. Principal Place of Business Mailing Address 1222 S DALE MABRY HWY 3708 WEST SWANN AVENUE 872531 PRIVATE MAILBOX #350 TAMPA FL 33609 **TAMPA FL 33629** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3249057 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -- 6. Name and Address of Current Registered Agent Street Addre FISHBACK, JERE M 1501 75TH CIRCLE NORTHEAST SAINT PETERSBURG FL 33702 4683 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. 9-13-02 (NOTE: Registered Agent signature required when reinstating) Make Check Payable to After September 13, 2002, 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** min. will be \$236.25. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. **Addition** CD TITLE TITLE Delete NAME NAME SANDERSON, ROBERT L 3325 Bayshore Blud E-16 STREET ADDRESS STREET ADDRESS 288 BEACH DRIVE NORTHEAST, PH1 CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33701 Addition Delete TITLE Change TITLE CD NAME NAME MUNION, CATHERINE E O. Kim Byrd STREET ADDRESS STREET ADDRESS 952 Winding Daks D rain-Harbor-FL 7922 SAILBOAT KEY BOULEVARD #506 CITY-ST-ZIP CITY-ST-ZIP SOUTH PASADENA-FL 33707 Addition Delete TITLE TITLE Wilson Williams NAME NAME EATON, CHRISTOPHER 2104 W. Two Lakes Road STREET ADDRESS STREET ADDRESS 2901 NORTH DALE MABRY HIGHWAY #914 Tampa FL 33604 CITY-ST-ZIP CITY-ST-ZIP <u>TAMPA FL 33607</u> ☐ Delete TITLE TITLE TD Crow Tracy NAME PADGETT, MARTIN D NAME Camellia Way S STREET ADDRESS STREET ADDRESS 15928 NOTTINGHILL DRIVE CITY-ST-ZIP CITY-ST-ZIP LUTZ FL 33549 ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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:

813-960-1664