

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

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90113 033 ****61.25

DOCUMENT # N95000004335

1. Entity Name
TRUE EXPRESSIONS, INC.



Principal Place of Business

**6085 PARK BLVD.
PINELLAS PARK FL 34685**

Mailing Address

**6085 PARK BLVD.
PINELLAS PARK FL 34685**

2. Principal Place of Business

554 First Ave, North

3. Mailing Address

554 First Ave, North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33701

Country

USA

Zip

33701

Country

USA

4. FEI Number **59-3342179**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIVACK, RON

835 18TH AVE NE

SAINT PETERSBURG FL 33704

7. Name and Address of New Registered Agent

Name

Bill Carpenter

Street Address (P.O. Box Number is Not Acceptable)

7300 Sunshine Skyway Lane, S. #207

City

St Petersburg

FL

Zip Code

33711

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. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P/D** ☒ Delete
NAME **ANDERSON, PAUL**
STREET ADDRESS **3505 GULF BLVD #N**
CITY-ST-ZIP **SAINT PETERSBURG FL 33706**

TITLE **S** ☐ Delete
NAME **CLAWSON, KERRY**
STREET ADDRESS **158 11TH AVE NE**
CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

TITLE **TD** ☐ Delete
NAME **FISHBACK, JERE**
STREET ADDRESS **1501 75TH CIR NE**
CITY-ST-ZIP **SAINT PETERSBURG FL 33702**

TITLE **VP/D** ☐ Delete
NAME **BAUGHMAN, KEVIN**
STREET ADDRESS **6107 8TH AVE SO**
CITY-ST-ZIP **GULFPORT FL 33707**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P/D** ☐ Change ☒ Addition
NAME **Kathy Richter**
STREET ADDRESS **2008 Tanglewood Way, NE**
CITY-ST-ZIP **St. Petersburg, Florida 33702**

TITLE **S/D** ☒ Change ☐ Addition
NAME **Kerry Clawson**
STREET ADDRESS **158 11th Avenue, NE**
CITY-ST-ZIP **Saint Petersburg, Florida 33701**

TITLE **D** ☐ Change ☒ Addition
NAME **Jason Bagwell**
STREET ADDRESS **3171 35th Avenue, North**
CITY-ST-ZIP **Saint Petersburg, Florida 33713**

TITLE **D/VP** ☐ Change ☒ Addition
NAME **Nancy Fucile**
STREET ADDRESS **245 47th Street, North**
CITY-ST-ZIP **Saint Petersburg, Florida 33713**

TITLE **D** ☐ Change ☒ Addition
NAME **Janice Walk**
STREET ADDRESS **3025 Clinton Street, South**
CITY-ST-ZIP **Gulfport, Florida 33707**

TITLE **D** ☐ Change ☒ Addition
NAME **Robert Laman**
STREET ADDRESS **2417 Stroud Avenue**
CITY-ST-ZIP **Tampa, Florida 33603**

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: **Kathy Richter**

1/28/03

727-527-8444

CR2E037 (10/02)