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.

60011818

Principal Place of Business	Mailing Address
6085 PARK BLVD. PINELLAS PARK FL 34665	6085 PARK BLVD. PINELLAS PARK FL 34665

2. Principal Place of Business	3. Mailing Address
554 First Ave, North Suite, Apt. #, etc.	554 First Ave, North Suite, Apt. #, etc.
St. Petersburg, FL	St. Petersburg, FL
Zip: 33701 / Country: USA	Zip: 33701 / Country: USA

☐ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
SPIVACK, RON 835 18TH AVE NE SAINT PETERSBURG FL 33704	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] 1/28/03
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P/D ☑ Delete	TITLE	P/D ☐ Change ☑ Addition
NAME	ANDERSON, PAUL	NAME	Kathy Richter
STREET ADDRESS	3505 GULF BLVD #N	STREET ADDRESS	2008 Tanglewood Way, NE
CITY-ST-ZIP	SAINT PETERSBURG FL 33706	CITY-ST-ZIP	St. Petersburg, Florida 33702
TITLE	S ☐ Delete	TITLE	S/D ☑ Change ☐ Addition
NAME	CLAWSON, KERRY	NAME	Kerry Clawson
STREET ADDRESS	158 11TH AVE NE	STREET ADDRESS	158 11th Avenue, NE
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	CITY-ST-ZIP	Saint Petersburg, Florida 33701
TITLE	TD ☐ Delete	TITLE	D ☐ Change ☑ Addition
NAME	FISHBACK, JERE	NAME	Jason Bagwell
STREET ADDRESS	1501 75TH CIR NE	STREET ADDRESS	3171 35th Avenue, North
CITY-ST-ZIP	SAINT PETERSBURG FL 33702	CITY-ST-ZIP	Saint Petersburg, Florida 33713
TITLE	VP/D ☐ Delete	TITLE	D/VP ☐ Change ☑ Addition
NAME	BAUGHMAN, KEVIN	NAME	Nancy Fucile
STREET ADDRESS	6107 8TH AVE SO	STREET ADDRESS	245 47th Street, North
CITY-ST-ZIP	GULFPORT FL 33707	CITY-ST-ZIP	Saint Petersburg, Florida 33713
TITLE	☐ Delete	TITLE	D ☐ Change ☑ Addition
NAME		NAME	Janice Walk
STREET ADDRESS		STREET ADDRESS	3025 Clinton Street, South
CITY-ST-ZIP		CITY-ST-ZIP	Gulfport, Florida 33707
TITLE	☐ Delete	TITLE	D ☐ Change ☑ Addition
NAME		NAME	Robert Laman
STREET ADDRESS		STREET ADDRESS	2417 Stroud Avenue
CITY-ST-ZIP		CITY-ST-ZIP	Tampa, Florida 33603

CR2E037 (10/02)

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