

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003934

1. Entity Name

OPERATION BOOTSTRAP, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90034 032 ****61.25

909369



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| Principal Place of Business 1228 7TH AVE S SAINT PETERSBURG FL 33705 | Mailing Address PO BOX 12644 ST PETERSBURG FL 33733-7644 |
|--|--|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | | | |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number 59-3448946 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |

| | |
|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fees Required |
|---|--|

6. Name and Address of Current Registered Agent

**ELLIS, BENJAMIN D SR
POB 12644
1228 7TH AVE S
SAINT PETERSBURG FL 33705**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | | |
|-------------------------------------|---|--|--|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|-------------------------------------|---|--|--|

10. OFFICERS AND DIRECTORS

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ED ELLIS, BENJAMIN D SR 1226 7TH AVE., S. ST. PETERSBURG FL 33713 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HALL, JAMES POB 7897 SAINT PETERSBURG FL 33705 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D POWELL, R. RICK 1034 59TH ST S ST. PETERSBURG FL 33705 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR ALTRÉLL BINB-ELLIS 1228 7TH AVE. SOUTH ST. PETERSBURG FL 33705 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR LORETTA ELLIS 2571 Columbus Way 50 ST. PETERSBURG FL 33712 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *[Signature]* **19 Jan 01** **(727) 898 1158**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)