

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000003201

FILED
Apr 28, 2002 8:00 AM
Secretary of State

Entity Name: TAMPA BAY REGIONAL DISASTER NETWORK, INC.

Current Principal Place of Business:

13203 SHADBURY LANE
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

13203 SHADBURY LANE
HUDSON, FL 34667

New Mailing Address:

FEI Number: 59-3515850

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KALOGIANIS, CHUCK
4821 US HIGHWAY 19
SUITE 3
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WEGNER, RONALD A
Address: 13203 SHADBURY LANE
City-St-Zip: HUDSON, FL 34667

Title: VD () Delete
Name: KIRLEY, SCOTT
Address: 13203 SHADBERRY LANE
City-St-Zip: HUDSON, FL 34667

Title: STD () Delete
Name: CRABBE, KAREN
Address: 13203 SHADBURY LANE
City-St-Zip: HUDSON, FL 34667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WEGNER, RONALD A ARNP
Address: 13203 SHADBURY LANE
City-St-Zip: HUDSON, FL 34667

Title: VD (X) Change () Addition
Name: BRAZIL, MAURICE ARNP
Address: 13203 SHADBERRY LANE
City-St-Zip: HUDSON, FL 34667

Title: STD (X) Change () Addition
Name: CRABBE, KAREN RN
Address: 13203 SHADBURY LANE
City-St-Zip: HUDSON, FL 34667

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD ALAN WEGNER

ARNP

04/28/2002

Electronic Signature of Signing Officer or Director

Date