2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003
Secretary of State

DOCUMENT# N99000004836

Entity Name: HILLSBOROUGH COUNTY UNITED S.C., INC.

Current Principal Place of Business:

% A.J. MUSIAL, JR.
4830 W. KENNEDY BLVD., SUITE 750
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

PO BOX 272051
TAMPA, FL 33688 US

New Mailing Address:

FEI Number: 57-1083546 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MUSIAL, A. J JR.
4830 W. KENNEDY BLVD.
STE 750
TAMPA, FL 33609 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:	RENALDO, JAMES S	
Address:	4219 CARROLLWOOD VILLAGE DR	
City-St-Zip:	TAMPA, FL 33624	
Title:	VD	(X) Delete
Name:	FARRELL, TIM	
Address:	4200 MEADOW HILL DRIVE	
City-St-Zip:	TAMPA, FL 33624	
Title:	VD	( ) Delete
Name:	MUSIAL, A. J JR.	
Address:	13127 TIFTON DRIVE	
City-St-Zip:	TAMPA, FL 33618	
Title:	SD	( ) Delete
Name:	BUSHMAN, CATHY	
Address:	17614 PASTURE ROAD	
City-St-Zip:	ODESSA, FL 33556	
Title:	TD	( ) Delete
Name:	MOORE, KEVIN A	
Address:	17033 WINNERS CIRCLE	
City-St-Zip:	ODESSA, FL 33556	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: KEVIN A. MOORE TD 04/30/2003
Electronic Signature of Signing Officer or Director — Date