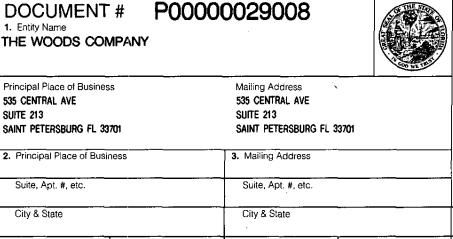
FILED Apr 10, 2003 8:00 am Secretary of State

04-10-2003 90155 037 ***150.00

2003	FOR	PROFIT (CORPORAT	LION
UNIFO	RM B	USINESS	REPORT	(UBR)

DOCUMENT #



☐ CHECK HERE IF MAKING CHANGES

City & State		City & State			4. FEI Number 59-3633621		Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired		8.75 Additional see Required	
6. Name and Address of Current Registered Agent			T	7. Name and Address of New Registered Agent				
WOODS, SCOTT 2717 45TH WAY NORTH ST. PETERSBURG FL 33713-3234			Name Street Addres	s (P.O. Box Number is Not Acceptable)	<u>. · · ·</u>	<u>``</u>		
				City		FL	Zip Code	
The above sein	and amaile and benefits their experience	at for the autonoon of changin	a ita en eleter	ad affice as social	tared asset or both in the State of Flori	do Lamfami	tion with and accept	

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or 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 \$150.00 - After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition ☐ Delete TITLE TITLE WOODS, SCOTT NAME NAME 2717 45TH WAY NORTH STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33701 CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition TITLE Delete TITLE Change NAME ⁴ NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP

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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #