2003 FOR PROFIT CORPORATION

## UNIFORM BUSINESS REPORT NUE

## P00000071602 DOCUMENT #

GEORGE CHACONAS, P.A. NAME CHANGE OILS ZOUS WASHINGTON PARTMERS, INC.

Principal Place of Business 3212 BARCELONA ST **TAMPA FL 33629** 

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

TAMPA

3<u>366-1722</u>

TAMPA FL 33624

MCGINTY, A. EDWARD

Zip

2102 W. CLEVELAND ST.

101 EAST KENNEDY BLVD SUITE 2800

Country

U.S.A.

6. Name and Address of Current Registered Agent

Mailing Address 3212 BARCELONA ST

**TAMPA FL 33629** 

3. Mailing Address

City & State

Suite, Apt. #, etc.

TAMPA FL

33622

P.O. BOX 22556

Country

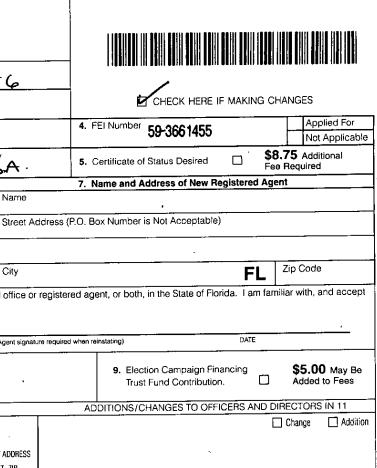
U.SA.

Name

City

	$\mathbf{F}$	ILI	ED		
May	05,	<b>20</b>	03	8:00	am
Sec	reta	ry	of	State	2

05-05-2003 91842 026 \*\*\*150.00



	named entity submits this statement for the purpo ions of registered agent.	ose of changing its re	gistered office or registe	stered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE .	Signature, typed or printed name of registered agent and title it applies	cable. (NOTE: R	egistered Agent signature require	pired when reinstating) DATE
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees
10.	OFFICERS AND DIRECTOR	RS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAMÈ <sup>®</sup> STREET ADDRESS	DPS CHACONAS, GEORGE 3212 BARCELONA ST TAMPA FL 33629	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition  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 embowered 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:

CHACONAS SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR