2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90288 049 ***150.00

DOCUMENT # P00000111047

1. Entity Name
Tampa Bay Memory Specialties Corporation

Principal Place of Business: | Mailing Address

2. Principal Place of Business: 15511 N Florida Ave
Suite, Apt #, etc: Suite D
City & State: Tampa FL
Zip: 33613 Country:

3. Mailing Address:
Suite, Apt #, etc. Same
City & State:
Zip: Country:

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3696323 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WOODS, JOHN
5121 ROLLING FAIRWAY DR
VALRICO FL 33594

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 15511 N Florida Ave
City: Tampa FL Zip Code: 33613

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 4/28/03

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**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVPD WOODS, JOHN L 10808 US 19 PORT RICHEY FL 34668	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1551 N. Florida Ave Tampa Florida 33613	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD WOODS, CHERYL Y 10808 US 19 PORT RICHEY FL 34668	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	15511 N. Florida Ave Tampa Florida 33613	☑ Change ☐ Addition
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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] 4/28/03 813-908-8700 x1

John Woods