## **FILED**

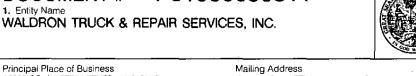
Apr 03, 2003 8:00 am Secretary of State

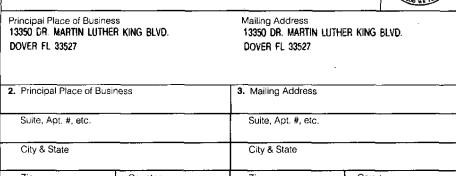
04-03-2003 90161 043 \*\*\*150.00

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)** 

DOCUMENT #

P01000030811







☐ CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For 59-3708078 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent

Name

HALL, W. CRAIG 4830 W. KENNEDY BLVD. STE. 750 TAMPA FL 33609

Street Address (P.O. E	Box Number is Not Acces	otable)		
		,		
-	<u> </u>	· · · · · ·		
City			Zip Code	

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

FILE NOW!!! FEE IS \$150.00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Delete ☐ Addition WALDRON, R. LARRY NAME NAME P.O. BOX 800 STREET ADDRESS STREET ADDRESS DOVER FL 33527 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change Addition JENKINS, ROBERT E NAME NAME STREET ADDRESS 834 SYMPHONY ISLES STREET ADDRESS APOLLO BEACH FL 33527 CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS 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 of the corporation or the receiver or trustee empowered to changed, or on an attachment with an address, with all other

SIGNATURE:

Date Daytima Phone #