2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000031657 DOCUMENT

1. Entity Name

THE SOUL EXPERIENCE, INC.



Mar 24, 2003 8:00 am § Secretary of State **FILED**

03-24-2003 90208 001 ***150.00

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Principal Place	e of Business	Mailing Address 3113	Baushore Ca	K D	۲،			
		5000 CULBREATH KEY WA	11. STE. 9.810					
#812K	att RET WAT 3113 Bayshare	TAMPA FL 33611						
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3113	Bayshore Oaks Dr.							
Suite, Apt. #, etc. Suite, Apt. #, etc.					CHECK HERE IF MAKI	UC CHANGES		
Cano, Apri					CHECK HERE IF MAKI	NG CHANGES		
City & State	a -	City & State		4.	FEI Number En 0744000	Ar	plied For	
Tampa, Fr.					59-3711882	No	t Applicable	
Zip	Country	Zip	Country			\$8.75 Add	ditional	
33/11-1	4475 USA		-	. 5.	Certificate of Status Desired	Fee Require		
6. Name and Address of Current Registered Agent			<u> </u>	7. Name and Address of New Registered Agent				
	V. Hallie Blid Add Society		Name					
NATIONAL CONTRACTOR								
WILLIAMS, BILL			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
	ITRAL AVENUE				· · · · · · · · · · · · · · · · · · ·		——	
SAINT PET	TERSBURG FL 33710							
			City			Zip Cod	e	
			1					
8. The above	named entity submits this statement for	the purpose of changing its	registered office or regi	stered a	gent, or both, in the State of Florida. I a	m familiar with,	and accept	
	tions of registered agent.				**			
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SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable (NOTE	: Registered Agent signature req	ired when	reinstation) DAT		 	
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Fi	ILE NOW!!! FEE IS \$150.00		,		9. Election Campaign Financing	\$5.0	May Be	
	r May 1, 2003 Fee will be \$550.00				· -			
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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:

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