


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

FILED

03 OCT 14 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # <i>P01000033371</i>	
1. Entity Name <i>TAMPA BAY EXPRESS DATA SOLUTIONS, INC</i>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>918 Wicketrun Dr.</i>	3. Mailing Address <i>918 Wicketrun Dr.</i>
<small>Suite, Apt. #, etc.</small>	<small>Suite, Apt. #, etc.</small>
City & State <i>Brandon FL</i>	City & State <i>Brandon FL</i>
Zip <i>33510</i>	Zip <i>33510</i>
<small>Country</small>	<small>Country</small>

DO NOT WRITE IN THIS SPACE

4. FEI Number <i>59-3708252</i>	<input type="checkbox"/> Applied For	<input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent
	Name <i>Michele L. Reed</i>
	Street Address (P.O. Box Number is not Acceptable) <i>918 Wicketrun Dr.</i>
	City & State <i>Brandon FL</i>
	Zip <i>33510</i>

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 *Michele L. Reed* **DATE** *9-10-03*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE <i>DPT</i>	TITLE	TITLE	
NAME <i>LEAH STUMPH</i>	NAME	NAME	
STREET ADDRESS <i>6314 Eaglebrook Ave</i>	STREET ADDRESS	STREET ADDRESS	
CITY - ST - ZIP <i>TAMPA, FL 33625</i>	CITY - ST - ZIP	CITY - ST - ZIP	
TITLE <i>DVS</i>	TITLE	TITLE	
NAME <i>Michele L. Reed</i>	NAME	NAME	
STREET ADDRESS <i>918 Wicketrun Dr.</i>	STREET ADDRESS	STREET ADDRESS	
CITY - ST - ZIP <i>Brandon, FL 33510</i>	CITY - ST - ZIP	CITY - ST - ZIP	
TITLE	TITLE	TITLE	
NAME	NAME	NAME	
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DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Michele L. Reed* *Michele L. Reed* **DATE** *9-10-03* **DAYTIME PHONE #** *(813) 651-5483*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)