

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-24-2003 90236 005 \*\*\*150.00

**DOCUMENT # P01000046609**

1. Entity Name  
**PROVIDENCE PLACE INC.**



Principal Place of Business

**7607-D ABBEY LANE  
TAMPA FL 33617  
US**

Mailing Address

**7607-D ABBEY LANE  
TAMPA FL 33617  
US**



2. Principal Place of Business

**2905 PEMBERTON CREEK DR.**  
Suite, Apt. #, etc.

3. Mailing Address

**2905 PEMBERTON CREEK DRIVE**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**SEFFNER**

City & State

**SEFFNER**

4. FEI Number

**59-3719192**

Applied For

Not Applicable

Zip

Country

**33584 HILLSBOROUGH**

Zip

Country

**33584 HILLSBOROUGH**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MASON, YVONNE M  
7607-D ABBEY LANE  
TAMPA FL 33617**

7. Name and Address of New Registered Agent

Name

**YVONNE M. MASON**

Street Address (P.O. Box Number is Not Acceptable)

**2905 Pemberton Creek Drive**

City

**Seffner**

FL

Zip Code

**33584**

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

(NOTE: Registered Agent signature required when reinstating)

**2/4/03**  
DATE

**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

TITLE **P** ☒ Delete  
NAME **MASON, YVONNE M**  
STREET ADDRESS **7607-D ABBEY LANE**  
CITY-ST-ZIP **TAMPA FL 33617**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
NAME **YVONNE M. MASON**  
STREET ADDRESS **2905 PEMBERTON CREEK DR**  
CITY-ST-ZIP **SEFFNER FL 33584**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

CR2E034 (10/02)

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]*

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/6/03**  
Date

Date

Daytime Phone #