FILED Jun 13, 2002 8:00 am

2002 UNIFORM	BUSINESS	REPORT	/IIPO
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Principal Place 7415 DESTIN TAMPA FL 334 2. Principal Pl 7 am Suite, Apt. 4 City & State Zip 3 36/9 COLE, KATT 205 W MLK TAMPA FL 3	DREN'S LIGHTHOUSE OF NC. e of Business DR 819-4711 ace of Business A, etc. County 6. Name and Address of Current R TY L NG BLVD #204	Mailing Address 7415 DESTIN DR TAMPA FL 33619-47 3. Mailing Address, 7415 — Se Suile, Apt. #, etc. City & State Lip — Se 1356/9 1egistered Agent	DEVELO The street Action of City	57 ddress (P.O.	DO NO. FEL Number 57-3730 Certificate of Status Des Name and Address of N	WRITE IN THIS S	PACE	Applied For Not Applica Additional uired
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7AMPA FL 3	HY L ING BLVD #204 83603		Street Ad	ddress (P.O.	Name and Address of N	lew Registered As	ee Requ	uired
7AMPA FL 3	ÍNG BLVD #204 93603	he purpose of changing	Street Ad	ddress (P.O.	Box Number is Not Accep	otable)		
TAMPA FL 3	33603	he purpose of changing	City					
8. The above na	_	the purpose of changing		registered on				
	med entity submits this statement for the	he purpose of changing		registered on				
	med entity submits this statement for the	he purpose of changing	its registered office or r	registered on		FL	Zip Co	yde
	Sin Med			Richard SA	gent, or both, in the State	of Florida		
SIGNATURE			*			or riorida.		
	nature, typed or printed name of registered agent and	• •	OTE: Registered Agent signature	e required when re	einstating)	DATE		
Tax filing requ	on is eligible to satisfy its intengible	FILE NOY	VIII. FEE IS. \$150 00	0				
(See criteria o	OFFICERS AND DIR	Make Check Pay	2002 Fee will be \$550 able to Department of	of State	10. Election Campaigr Trust Fund Contrib	ution.	Adde	00 May Be od to Fees
TILE D		☐ Celete	12.	ADO	DITIONS/CHANGES TO (S IN 11
THEET AUDITESS 74	Althour, Sheila a 15 Destin Dr MPA Fl 33619-4711		NAME STREET ADDRESS CITY-ST-ZIP			D	Change	☐ Addition
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	nat the information supplied with this ter	Ing doos ===	CITY-ST-ZIP	· <u>-</u> -				}
ndicated on this of the corporation	nat the information supplied with this fill report or supplemental report is true ar n or the receiver or trustee empowered n attachment with an address, with all of	ing does not qualify for the notation accurate and that my to execute this report and the control of the contro	ne exemption stated in signature shall have the	Section 119.0 re same legal	07(3)(i), Florida Statutes. I	further certify that	the infor	rmation
GNATURE	report or supplemental report is true and or the receive or trustee empowered in attachment with an address, with all of	other like empowered	, required by Chapter 6	307, Florida Si	latutes; and that my name	e appears in Block	fficer or 11 or Bl	director ock 12 if