2003 FOR PROFIT CORPORATION

	003 FOR PROF IFORM BUSIN)	Aug 27, 2003 8:00 a Secretary of State	m	
DOCU 1. Entity Nam	00062297			08-27-2003 90080 043 ***150.00			
SHARP C	COMMUNICATIONS AND C	ONTROLS, CORP.					
		Mailing Address	ng Address):WINCHESTER:ROAD:NORTH				
		ST. PETERSBURG FL 3			The state of the s		
2. Principal P	lace of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State		City & State			4. FEI Number 59-3751610 Applied 8 Not Appl		
Zip	Country	Zip	Country	'''	5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Curren	t Registered Agent			7. Name and Address of New Registered Agent		
- SHADD - S		ĺ	Name Michael C. Shap				
SHARP, SABRINA A			Street A	Street Address (P.O. Box Number is Not Acceptable)			
ST, PETE		, 2	<u> </u>	<u> </u>			
· v	ingen The second of the second of		City S	t.P	Petensbury FL Zip Code 3371	0	
	named entity submits this statement fions of registered agent.	or the purpose of changing i			red agent, or both, in the State of Florida. I am familiar with, and ac		
SIGNATURE	Signature, typed or prints Lame of registered agen	Michael C.	Shamp TE: Registered Agent signatu	Paes	sident 8/22/03	_	
		t and the it approache.	Tr. Hegistered Agent aignate		DAL.		
After Se	ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$75 c Payable to Florida Department c		-		9. Election Campaign Financing \$5.00 May Trust Fund Contribution.		
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	Р	☐ Delete	TITLE			ddition	
NAME	SHARP, MICHAEL C 1600 WINCHESTER ROAD NOR	TU	NAME			Ì	
STREET ADDRESS CITY-ST-ZIP	ST. PETERSBURG FL 33710	III	STREET ADDRESS CITY-ST-ZIP		. •		
TITLE	V	Delete	TITLE	<u>سين ينه حم</u>	☐ Change ☐ A	ddition	
NAME	SHARP, SABRINA A		NAME				
STREET ADDRESS CITY-ST-ZIP	1600 WINCHESTER ROAD NOR ST. PETERSBURG FL 33710	TH	STREET ADDRESS CITY-ST-ZIP				
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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.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

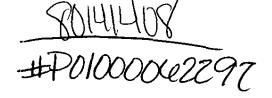
CITY-ST-ZIP

941-915-8292

Attachment

Sharp Communications and Controls Corp.

1600 Winchester Rd N St. Petersburg, FL 33710



August 24, 2003

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

Dear Sir or Madam:

Please accept my request to waive the late fee for our Uniform Business Report. We never received our original notice. I have enclosed the filing fee of \$150.00 with the report we received in late July. If you have any questions please contact me at 941-915-8292

Sincerely,

Michael C. Sharp

President_