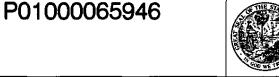
## **FILED**

Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90358 004 \*\*\*158.75



Principal Place of Business 6090 CENTRAL AVENUE ST. PETERSBURG FL 33707

Mailing Address 6090 CENTRAL AVENUE ST. PETERSBURG FL 33707

2. Principal Place of Business	3. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
City & State	City & State			
	<u> </u>			



☐ CHECK HERE IF MAKING CHANGES

City & State		City & State		4. FEI Number 59-3731933	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6	Name and Address of Cur	rent Registered Agent		7. Name and Address of New Registered	t Agent

EDWARDS, WILLIAM 6090 CENTRAL AVENUE ST. PETERSBURG FL 33707

SIGNATURE

Name ·		
Street Address (P.O. Box Number is Not Acc	eptable)	
<u> </u>		Nu.
City	FI 2	Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

t.	FILE NOW!!!	FEE IS	\$150.00
e.	After May 1, 2003	Fee will	be \$550.00
Make :	Check Pavable to F	Florida D	epartment of Sta

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS		<u>1</u> 1.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
STREET ADDRESS	PD EDWARDS, WILLIAM 6090 CENTRAL AVENUE ST. PETERSBURG FL 33707	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	a maps of	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition

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 applemental 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 eceiver or trustee and proved 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 atta

STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

☐ Delete

□ Change

☐ Addition