

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90251 044 \*\*\*150.00

04/24/01 AV

**DOCUMENT # P01000070600**

1. Entity Name  
**BUMPADS, INC.**



Principal Place of Business  
**150 2ND AVENUE NORTH  
1600  
SAINT PETERSBURG FL 33701**

Mailing Address  
**150 2ND AVENUE NORTH  
1600  
SAINT PETERSBURG FL 33701**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3731518**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EPPERSON, JOEL R ESQ  
1719 W KENNEDY BLVD  
TAMPA FL 33606**

Name

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

City

**FL**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>FENUMORE, J SCOTT</b>	
STREET ADDRESS	<b>330 8TH AVENUE NORTH #7</b>	
CITY-ST-ZIP	<b>TIERRA VERDE FL 33715</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>ALESSI, SR, PHIL</b>	
STREET ADDRESS	<b>4702 AZEAL STREET</b>	
CITY-ST-ZIP	<b>TAMPA FL 33609</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>BROCK, JOEL A</b>	
STREET ADDRESS	<b>16207 HALAKE DRIVE</b>	
CITY-ST-ZIP	<b>ODESSA FL 33556</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>MILITANA, RICHARD</b>	
STREET ADDRESS	<b>9500 NATIONS ROAD</b>	
CITY-ST-ZIP	<b>WEBSTER FL 33597</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FENIMORE, J SCOTT</b>	
STREET ADDRESS	<b>330 8th Avenue North #7</b>	
CITY-ST-ZIP	<b>Tierra Verde, FL 33715</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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**

**4.28.03 727-803-1480**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)