2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2003 8:00 am Secretary of State

1. Entity Nam	MENT # P0100007 Ding, INC.	5082			04-30-2003 9	0327 024 * * * 13	0.00	
Principal Place 7825 N. DAL STE #106 TAMPA FL 3		Mailing Address 7825 N. DALE MABRY STE #106 TAMPA, FL 33614	7825 N. DALE MABRY STE #106		11030276			
2. Principal P	Tace of Business	3. Mailing Address	3. Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt, #, etc.	<u></u>			CHECK HERE IF MAKING CHANGES		
City & Stat		City & State				1. FEI Number		
Zip	Country	Zip	Count	ry	5. Certificate of Status Desired	S8.75 A		
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Ro	egistered Agent		
SPIEGEL & UTRERA, P.A. 1840 SOUTHWEST 22ND STREET 4TH FLOOR				<u> </u>	(P.O. Box Number Is Not Acceptable)	<u> </u>	
MIAMI, FL	33134							
			•	City		FL Zip Co	de	
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, typed or primad name of stightened again and title if auglicable. (NOTE: Region and Agains gratue aquired when reinstating) CASE								
FILE NOWILL 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.								
10.	OFFICERS A	ND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO		
TITLE NAME STREET ADDRESS CITY-S1-ZP	PD SMITH, KENNETH R 1301 TIMBER TRACE DRIVE WESLEY CHAPEL, FL 3354	☐ Delete	a	I		∏ Change	OHZEG34 (10/02)	
TITLE NAME STREET ADDRESS	VTD MONTANA, JAMES V 1301 TIMBER TRACE DRIVE	☐ Delete		TADDRESS 19	D INTANA, JAMES V. E. LAKE TERRACE,	Change	☐ Addition B	
CITY-ST-ZIP	WESLEY CHAPEL, FL 3354	l 	COY-		KE BONKONKENY'N L	11779		
TITLE NAMÉ	SVD REGAN, FRANK J	Celete	TITLE NAME	P.E	GAN, FRANK I.	Change Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	1301 TIMBER TRACE DRIVE WESLEY CHAPEL, FL 33543	1	4	,	717 DALTON AVE WAA FL 33615		1	
TITLE NAME STREET ADDRESS CITY-ST-2P		☐ Delete				☐ Change	☐ Addition	
TITLE NAME		☐ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·	Change	Addition	
STREET ADDRESS CITY-ST-ZP			STREET	1 ADDRESS ST - 21P				
113LE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-2IP			A	TADORESS ST-ZIP	ter ty			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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.								
SIGNAT	100	Sometime into empowered.			4.28.03	813.477	. 2176	
SIGNAL	SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING OFFICER	OR DIRECT	OR	Date	Daytime Phone 6		