

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000078483

Entity Name: PROCEED WITH CAUTION, INC.

FILED  
Apr 30, 2003  
Secretary of State

**Current Principal Place of Business:**

POST OFFICE BOX 19030  
TAMPA, FL 336869030

**New Principal Place of Business:**

**Current Mailing Address:**  
POST OFFICE BOX 19030  
TAMPA, FL 336869030

**New Mailing Address:**

FEI Number:  FEI Number Applied For ( )  FEI Number Not Applicable (X)  Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WOOTEN, C. WAYNE  
6331 S. LANSDALE CIRCLE  
TAMPA, FL 33616 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD  Delete  
Name: WOOTEN, C. WAYNE  
Address: 6331 S. LANSDALE CIRCLE  
City-St-Zip: TAMPA, FL 33616

Title: VD  Delete  
Name: TYREE, BILLY J JR.  
Address: 2015 GREGORY DRIVE  
City-St-Zip: TAMPA, FL 33613

Title: DT  Delete  
Name: FIRN, GREGORY L SR.  
Address: 9080 ALLEN CIRCLE  
City-St-Zip: TAMPA, FL 33615

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:  Change  Addition  
Name:  
Address:  
City-St-Zip:

Title: VD  Change  Addition  
Name: TYREE, BILLY J JR.  
Address: P O BOX 13644  
City-St-Zip: TAMPA, FL 336813644

Title:  Change  Addition  
Name:  
Address:  
City-St-Zip:

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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. WAYNE WOOTEN

PD

04/30/2003

Electronic Signature of Signing Officer or Director

Date