FILED

	IFORM BU	SINESS	REPORT	ΛΙΙ Γ (U	BR)	A	Apr 16, 2 Secretar	003.8	3:00	am	82150
1. Entity Nan		010007 TIBLES, INC.				Secretar 04-16-2003 90				Ą	
		· · · · · · · · · · · · · · · · · · ·	·			4					
Principal Place of Business 2526 CENTRAL AVE. ST. PETERSBURG FL 33712			Mailing Address 2526 CENTRAL AVE. ST. PETERSBURG FL 33712			 	************************************				
2. Principal Place of Business			3. Mailing Address			-					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State			City & State			4. FEI Number 59-3738609 Applied For Not Applica]
Zip Country		Zip	Zip		, 	5. Certificate of Status Desired					
	6. Name and Address	of Current Register	ed Agent		Name	7. Name ar	nd Address of New Reg	istered Agen	t		}
KENSLER, BOBBIE To Services					Street Address (P.O. Box Number is Not Acceptable)						
ST. PETEI	RSBURG FL 33712										1
					City FL Zip Code						
	e named entity submits this tions of registered agent.	statement for the pur	pose of changing its r	egistered	office or registe	red agent, or b	ooth, in the State of Florid	da. I am famili	ar with, a	and accept	
SIGNATURE	Bolelie 7. Signature, typed or printed name of	alley X-	ensle (NOTE:	Registered A	gent signature require	d when reinstating)	۷,	1/12/C	3_		
Afte	ILE NOW!!! FEE IS \$ r May 1, 2003 Fee will b k Payable to Florida Dep	150.00 e \$550.00				l l	Election Campaign Finar Trust Fund Contribution.	naing	\$5.00 Added	May Be to Fees	-
10.		ICERS AND DIRECTO	DRS	11.		ADDITION:	S/CHANGES TO OFFIC	FRS AND DIR	ECTORS	S IN 11	1
TITLE NAME	P KENSLER, BOBBIE T		☐ Delete	TITLE NAME		7.007110111	<u> </u>		Change	☐ Addition	E034 (10/02)
STREET ADDRESS CITY-ST-ZIP					ADDRESS T-ZIP						2E034
TITLE NAME STREET ADDRESS			☐ Delete		ADDRESS				Change	Addition	SR
CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Delete		AODRESS	A CONTRACTOR OF STREET	and the second		Change	☐ Addition	
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET	ADDRESS	<u>.</u>			Change	Addition	
CITY-ST-ZIP				CITY-ST			<u>.</u>		Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP				NAME	AODRESS -ZIP				3 -		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET	ADDRESS				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 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: Bollie Holle Bobbie IMILY Kensler 4/12/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 727 - 3270 Progress