

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90172 019 ***150.00

DOCUMENT # P01000092221

1. Entity Name
GUEST MATTERS, INC.



Principal Place of Business
**10313 CARROLLWOOD LANE
TAMPA FL 33618-4700**

Mailing Address
**10313 CARROLLWOOD LANE
TAMPA FL 33618-4700**



2. Principal Place of Business

15121 BALDEAGLE ST.

3. Mailing Address

15121 BALDEAGLE ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

TAMPA, FL 33625

City & State

TAMPA, FL 33625

4. FEI Number **59-3750347**

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALEXANDER, STACEY T
10313 CARROLLWOOD LANE
TAMPA FL 33618-4700**

Name **ALEXANDER, STACEY T.**

Street Address (P.O. Box Number is Not Acceptable)
15121 BALD EAGLE STREET

City **TAMPA**

FL

Zip Code **33625**

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 printed name of registered agent and title if applicable.

(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 **D** ☐ Delete
NAME **ALEXANDER, STACEY T**
STREET ADDRESS **10313 CARROLLWOOD LANE**
CITY-ST-ZIP **TAMPA FL 33618-4700**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/03

Date

(813) 477-5561

Daytime Phone #

CR2E034 (10/02)