

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000101705			
1. Entity Name BUMPADS SERVICES, INC.			
Principal Place of Business 5439 BEAUMONT CENTER BLVD. #1045 TAMPA, FL 33634		Mailing Address 5439 BEAUMONT CENTER BLVD. #1045 TAMPA, FL 33634	
2. Principal Place of Business 150 2nd Ave N.		3. Mailing Address 150 2nd Ave N.	
Suite, Apt. #, etc. #1600		Suite, Apt. #, etc. #1600	
City & State St. Petersburg FL		City & State St. Petersburg FL	
Zip 33701		Zip 33701	
Country USA		Country USA	
4. FEI Number 59-3749597 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			
BROCK, JOEL A 16207 HOYLAKES DRIVE ODESSA, FL 33556			
7. Name and Address of New Registered Agent			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when necessary)</small>			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
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 <u>Scott Fenimore</u> 4.28.03 727.803.1503 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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☒ CHECK HERE IF MAKING CHANGES

CR2034 (10/02)