FILED

2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)							Jan 27, 2003 8:00 am			
DOCUMENT # P01000105183 1. Entity Name CARDS BE ME, INC.								Secretary of State 01-27-2003 90538 041 ***150.00		
	e of Business URNER ROAD 624	14813	g Address LYNN-TURNER ROAD A FL 33624							
	Place of Business	3. Mail	ing Address							
/48/3 Suite, Apt.	*, etc.		L <u>Š13 TURN</u> e, Apt. #, etc.	ier	ROA	ID	•	CHECK HERE IF MAKING CHANGES		
City & State			& State AMPA FA	<u> </u>			4. F	El Number 59-3759913 Applied For Not Applicable		
33 <i>624</i>	Country	Zip	3624-6975	Coun	try		5. C	Certificate of Status Desired Sa.75 Additional Fee Required		
<u> </u>	6. Name and Address of Current						7. Ň	Name and Address of New Registered Agent		
					Name					
Boozer, Robert e Jr. 14813 Lynn-Turner Road					Street Address (P.O. Box Number is Not Acceptable)					
TAMPA FL 33624						19 -		101150 0.17		
*					148/3 TURNER ROAD City TAMPA FL Zip Code 2324-6935					
			 _	نـــــــــــــــــــــــــــــــــــــ	11	mPH	7	PL 33634-6975 ent, or both, in the State of Florida. Lam familiar with, and accept		
SIGNATURE .	Signature, typed or printed name of registered agent a	nd/jile if appl	icycle. (NOTE: F	Registered	d Agent signatu	ure required w	hen rein	/-31-03 instating) DATE		
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of			State					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
10.	OFFICERS AND I	DIRECTO	RS .	11.				DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TTLE NAME	P Boozer, Robert e Jr.		☐ Delete	TITLE		PRES	5/2	DENT Change Addition		
TREET ADDRESS	14813 LYNN-TURNER RD		•		: Et address	148	2E N 13	R, ROBERT E. JR. TURNER ROAD		
CITY-ST-ZIP	TAMPA FL 33624			CITY-	-ST-ZIP	TAN	nPA	4 FL 33624-6975		
ITLE IAME	:		☐ Delete	TITLE				☐ Change ☐ Addition		
STREET ADDRESS CITY-ST-ZIP					et address -st-zip					
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IAME				NAME						
TREET ADDRESS TTY-ST-ZIP					ET ADDRESS ·ST-2IP					
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IAME	·			NAME						
TREET ADDRESS				•	ET ADDRESS ST-ZIP					
TILE			☐ Delete	TITLE				☐ Change ☐ Addition		
IAME			50,010	NAME				village		

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

RROBERREDBOOZER JR