£13-636-8020

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P01000110674 1. Entity Name FDR VENTURE PARTNERS, INC.				FILED 03 NOV 26 AM 8: 15		
Principal Place of Business 4307 BAY CLUB CIRCLE TAMPA FL 33607 Mailing Address 4307 BAY CLUB CIF TAMPA FL 33607 TAMPA FL 33607				SECRETY TY OF STATE FALLAHASSEE, FLORIDA		
2 Daineinelf	Page of Projects	2 Mailles Address				
Principal Flace of Business 3. Mailing Address		3. Walling Address				
Suite, Apr. #, etc.		Suite, Apt. #, etc.		DEIN Q TO COTHER WITH HANGES		
City & State		City & State		4. Fet Number 59-3757402 Applied For Not Applicable		
Zip	Country	Zip	Country	5 Certificate of Status Desired		
····	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent		
			Name	ne		
F & L CORP. 200 LAURA STREET NORTH THIRD FLOOR JACKSONVILLE FL 32202				Street Address (P.OFBox Number is Not Acceptable) 11/26/03-01005-025 **200.00 400023499744 City 11/26/03-01005-02FL **E00ad00		
After Se	Signature, typed or printed name of registered agent and SILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750.0 k Payable to Florida Department of S	0	TE: Registered Agent sig	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. DATE 9. Added to Fees		
10.	OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. MCPARTLAND, FRANK J PRES D 424 CENTRAL AVE., SUITE 500 ST. PETERSBURG FL 33701 MR	□ Delete □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	TAMPA FL 33607 Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HAZELIP, T. RADFORD DIR,SEC 424 CENTRAL AVE., SUITE 500 ST PETERSBURG FL 33701		NAME STREET ADDRESS CITY-ST-ZIP	TIERRE VEADE, FL-33715		
TITLE NAME STREET ADDRESS CITY=ST-ZIP	MR O'DONNELL, DANIEL DIR,TRE 31 FAIRFIELD WAY -SAN-FRANCISCO-CA-94127	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$\$		
TITLE NAME Street address City-St-Zip		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change □ Addition 400023488744 ss 10/01/0301047024 **550.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS (DITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
indicated of the cor	on this report or supplemental report is tr	ue and accurate and that i ered to execute this report	my signature shall : as required by Cl	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information all have the same legal effect as if made under oath; that I am an officer or director Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if		