

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01209

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: PEDAMORPHOSIS, INC.

Current Principal Place of Business:

13604 WATERFALL WAY
TAMPA, FL 336246907 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 271669
TAMPA, FL 336881669 US

New Mailing Address:

FEI Number: 75-1552572

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORCUTT, GREG MR
BRICKLEMEYER SMOLKER & BOLVES, PA
500 E KENNEDY BLVD STE 200
TAMPA, FL 336024825

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PDT () Delete
Name: ANDERSON, ROBERT H.,
Address: 13604 WATERFALL WAY
City-St-Zip: TAMPA, FL

Title: VSD () Delete
Name: SNYDER, KAROLYN,
Address: 13604 WATERFALL WAY
City-St-Zip: TAMPA, FL

Title: TD () Delete
Name: BAHNER, JOHN M.,
Address: 3525 ROSEAU DRIVE
City-St-Zip: PUNTA GORDA ISLES, FL

Title: D () Delete
Name: GIELLA, MARY
Address: 13604 WATERFALL WAY
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change () Addition
Name: ANDERSON, ROBERT H.,
Address: 13604 WATERFALL WAY
City-St-Zip: TAMPA, FL 33624

Title: VSD (X) Change () Addition
Name: SNYDER, KAROLYN,
Address: 13604 WATERFALL WAY
City-St-Zip: TAMPA, FL 33624

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT H. ANDERSON

PDT

04/29/2002

Electronic Signature of Signing Officer or Director

Date