

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

04-17-2003 90225 044 ***158.75

DOCUMENT # P02000000509			
1. Entity Name A GREENLEAF OF TAMPA COMPANY			
Principal Place of Business 10318 VENITIA REAL AVE., STE. 205 TAMPA FL 33647		Mailing Address 10318 VENITIA REAL AVE., STE. 205 TAMPA FL 33647	
2. Principal Place of Business 17626 Nathan's Dr.		3. Mailing Address 17626 Nathan's Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City, State Tampa FL		City, State Tampa FL 33647	
Zip 33647		Country USA	
4. FEI Number 81-0589585		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KENNEDY, LINDA 10318 VENITIA REAL AVE., STE. 205 TAMPA FL 33647		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State 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 <u><i>Linda Kennedy</i></u> DATE <u>4/15/03</u> <small>(Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering).)</small>			
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KENNEDY, LINDA 10318 VENITIA REAL AVE., STE. 205 TAMPA FL 33647	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Linda Kennedy 17626 Nathan's Drive Tampa FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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><i>Linda Kennedy</i></u>		Date <u>4/15/03</u> Daytime Phone # <u>991-9977</u>	

CP2E034 (10/02)