

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

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90130 007 \*\*\*150.00

**DOCUMENT # P02000004256**

1. Entity Name  
**PROVISE MANAGEMENT COMPANY, INC.**



Principal Place of Business  
**611 DRUID RD. SUITE 105  
CLEARWATER FL 33756**

Mailing Address  
**611 DRUID RD. SUITE 105  
CLEARWATER FL 33756**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

4. FEI Number  
**26-0010119**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PREWETT, LUCAS  
611 DRUID RD, SUITE 105  
CLEARWATER FL 33756**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE <b>P</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V. Raymond Ferrara</b> <input type="checkbox"/> Delete <b>611 Druid Road, Suite 105 Clearwater, FL 33756</b>
TITLE <b>EVP</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Bruce Fyfe</b> <input type="checkbox"/> Delete <b>611 Druid Road, Suite 105 Clearwater, FL 33756</b>
TITLE <b>EVP</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Lucas Prewett</b> <input type="checkbox"/> Delete <b>611 Druid Road, Suite 105 Clearwater, FL 33756</b>
TITLE <b>SVP</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Kimberly Adams</b> <input type="checkbox"/> Delete <b>611 Druid Road, Suite 105 Clearwater, FL 33756</b>
TITLE <b>VP</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Eric Ebbert</b> <input type="checkbox"/> Delete <b>611 Druid Road, Suite 105 Clearwater, FL 33756</b>
TITLE <b>Sec</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Angela N. Durbin</b> <input type="checkbox"/> Delete <b>611 Druid Road, Suite 105 Clearwater, FL 33756</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: \_\_\_\_\_ **QUALIFIED REQUIRED** **4-15-03 727-441-9022**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)