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

## May 14, 2003 8:00 am Secretary of State 04-28-2003 90512 049 \*\*\*150.00

1. Entity Nar	MENT # P0200 LIAMS ROAD, INC.			v.	vesv	<b></b>						
33 EAST WAL FROSTPROOF	F FL 33843	Mailing Address 33 EAST WALL STREET FROSTPROOF FL 33843										
2. Principal i	Place of Business	3. Mailing Address					3 F# WEI MAN & BILF I	ENIEN FINST ÆBS(E MÆSSE I	eriii veiir (ia di	i tiddi tidbi 1	IBIBE KOK TEOL	
Suite, Apt	#, etc.	Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES					
City & Sta		City & State				4. FEI Number 59-10047			, 	N <sub>c</sub>	oplied For ot Applicable	}
Zip						چ <u>- پحب</u> -	5. Certificate of Status Desired				]	
	6. Name and Address of Current	Registered Age	ent		Name		7. Name and Add	iress of New Reg	gistered Age	ant		-
ROBBINS, R. JAMES JR.					Street Ar	P.T. Wilson · Address (P.O. Box Number is Not Acceptable)						1
	KENNEDY BLVD., SUITE 3700		3000				33 East Wall Street					
TAMPA FI	L 33602								<del></del> -			
					City	Fros	tproof		FL.	Zip Code 3384	ື່3	
8. The above the obligation	named entity submits this statement for tions of registered agents	the purpose of	changing its	registere	ed office or	registere	d agent, or both, in	the State of Florid	da. I am tam	ilier with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable.	(NOTE	Registered	d Agent signatur	e required w	rhen reinsteting)		DATE		* * * * * * * * * * * * * * * * * * *	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Fiorida Department of	State	17.302					Campaign Finar and Contribution.		\$5.00 Added	O May Be to Fees	].
10.	OFFICERS AND						-ADDITIONS/CHA	NGES TO OFFIC				] <sub>a</sub>
NAME			□ Delete	NAME	1 12 278		son, P.T		Ĺ	] Change	Addition	100
STREET ADDRESS CITY-ST-ZIP	<u> </u>	. , ;	· ·		ET ADDRESS ST-ZIP		N Palmλ. stproof.		343		7) - !	] §
TITLE NAME STREET ADDRESS		С	Oelete	TITLE NAME STREE	1	VP, Cra		. Hood		] Change	Addition .	è
CITY-ST-ZIP		<u></u>			SI-ZIP	<u>Win</u>	ter Have			100	fill state.	P2 v
TITLE _NAME	 	ـا ـــــــــــــــــــــــــــــــــــ	Detete	TITLE		D _Wil	son,_Clay	zton.G.	` <u> </u>	) Change	Addition	
STREET ADDRESS CITY-ST-ZIP	·				ET ADDRESS ST-ZIP	112	6 Shoreli ter Haver	ine Lane	: 1388 <b>4</b>			
TITLE	·		Delete	TITLE	<del></del>	- M-T-11	cer naver	1e		Change	Addition	1
name Street address City-St-Zip					t adoress St-zip	•		•				
TITLE			Delete	TITLE		15.	A			Change	Addition	
STREET ADDRESS	A TO TOTAL COMMONWEACHER AND THE SECOND TO SECOND THE SECOND SECO	, 140 \$ - 140		STREE	T ADDRESS	1. [ ] . <del></del>	gon, P.T.	:			Ø€ Mondren	3.5
INTE	Tables of Description Poles, Marie de		Delete	TITLE				12 pr 8/45 /		Change	- [ ] Addition	~
NAME STREET ADDRESS CITY-ST-ZIP	NO TO RESIDENCE A UNION OF A LINE OF THE COMMON TO SERVICE OF THE COMMON	7.74			T ADDRESS			.О. түрүү үү (керал ча Осурудийсү	් වූ පැති		11.25 E	
	partify that the information supplied with	this filing door s	act avalify for t			d in Sout	ion 119 07(3)(i) Flo	rida Statutas I fili	rthor certify t	hat the in	locantian	

Indicated on this report or supplied with the information indicated on this report or suppliemental 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: