## 2003 FOR PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR P02000030289 **DOCUMENT #**

1. Entity Name



**FILED** Feb 14, 2003 8:00 am Secretary of State

02-14-2003 90244 010 \*\*\*150.00

EVAN G. FRAYMAN, P.A.									
Principal Place of Business 412 EAST MADISON STREET SUITE 1120 TAMPA FL 33602		Mailing Address 412 EAST MADISON STREET SUITE 1120 TAMPA FL 33602							
2. Principal Place of Business		3. Mailing Address				f INNCINNE III ANDIN HOUS ENGH ANTIN ANGER AN	196 HIN 96119 HE		-
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FE	03 - 04204 15		Applied For Not Applicable	-	
Zip Country		Zip	Country		<b>5.</b> Ce	ortificate of Status Desired	\$8.75 A		]
	a Name and Address of Cui	rrent Registered Agent			7. Na	me and Address of New Register	ed Agent		]
6. Name and Address of Current Registered Agent				Name					
FRAYMAN,	3		Street Addr		ess (P.O. Bo	Number is Not Acceptable)			] `
	MADISON STREET		Ī	_ <del></del>					
SUITE 1120	23	City				FL Zip C	ode	1	
TAMPA FL				•		•			4
8. The above r	named entity submits this statem ons of registered agent.	ent for the purpose of chang	ing its registere	d office or reg	istered age	nt, or both, in the State of Florida. I	am familiar wi	tn, and accept	
SIGNATURE _	Signature, typed or printed name of registered	d agent and title if applicable.	(NOTE: Registered	1 Agent signature re	quired when rein	stating) D	NTE .		.
After	LE NOW!!! FEE IS \$150.0 May 1, 2003 Fee will be \$55 Payable to Florida Departm	i0.00				Election Campaign Financing Trust Fund Contribution.	☐ Ād	6.00 May Be ded to Fees	
10.	OFFICERS	AND DIRECTORS	11.		ADI	OITIONS/CHANGES TO OFFICERS	AND DIRECT		র
NAME STREET ADDRESS	FRAYMAN, EVAN G 412 EAST MADISON STREET, SUITE 1120		nami Stre				Спап	ge 🔛 Addition	CR2F034 (10/02)
TITLE  NAME  STREET ADDRESS	TAMPA FL 33602	☐ Deletr	e TITLE			, , , , , , , , , , , , , , , , , , , ,	☐ Chan	ge 🔲 Addition	, CRO
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	La La page (1) and the control of th	Delet	te TITLI		~ · · ·	.=	Chan	ge Addition	) 

CITY-ST-ZIP 12. Thereby 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.

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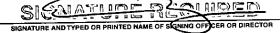
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