
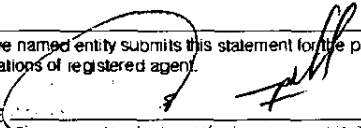
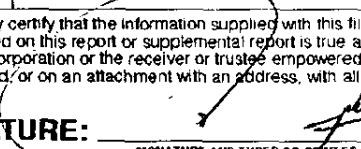


FILED  
Apr 14, 2003 8:00 am  
Secretary of State

04-14-2003 90929 013 \*\*\*150.00

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

<b>DOCUMENT # P02000033424</b>			
1. Entity Name <b>SEAN COLIN CAMPBELL, P.A.</b>			
Principal Place of Business <b>4980 SEVILLE COURT CAPE CORAL, FL 33904</b>		Mailing Address <b>4980 SEVILLE COURT CAPE CORAL, FL 33904</b>	
2. Principal Place of Business <b>105 Bayshore Dr.</b>		3. Mailing Address <b>105 Bayshore Dr.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>CAPE CORAL, FL.</b>		City & State <b>CAPE CORAL, FL.</b>	
Zip <b>33904</b>		Zip <b>33904</b>	
Country		Country	
4. FEI Number <b>01-0651349</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CAMPBELL, SEAN C 4980 SEVILLE COURT CAPE CORAL, FL 33904</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>105 Bayshore Dr.</b> City & State <b>CAPE CORAL FL 33904</b>	
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  DATE <b>04/02/03</b> (NOTE: Registered Agent signature required when maintaining)			
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 <b>PST CAMPBELL, SEAN C 4980 SEVILLE COURT CAPE CORAL, FL 33904</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>105 BAYSHORE DR. CAPE CORAL, FL. 33904</b>	
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<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: 		DATE <b>04/02/03</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/02)