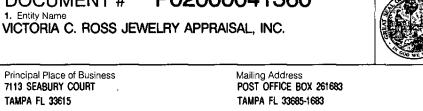
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000041360 **DOCUMENT #**



May 02, 2003 8:00 am Secretary of State **FILED**

					GO WE THE	
Principal Place of Business 7113 SEABURY COURT TAMPA FL 33615			Mailing Address POST OFFICE BOX 261683 TAMPA FL 33685-1683			
2. Principal Place of Business			3. Mailing Address			
Suite, Apt.	. #, etc.	<u> </u>	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES
City & State			City & State			4. FEI Number Applied For Not Applicable
Zip Country		Zip	Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name a	nd Address of Current	Registered Agent			7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A.					Name	
			Street Addres		Street Address	s (P.O. Box Number is Not Acceptable)
1840 SW	22ND ST.					<u> </u>
4TH FLOC	DR					
MIAMI FL 33145			Cit		City	FL Zip Code
	tions of register		ir the purpose of changing it	s registere	ed office or regist	tered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATORE .	Signature, typed or	printed name of registered agent	and title if applicable. (NO	TE: Registered	Agent signature requir	ired when reinstating) DATE
Afte	r May 1, 2003	FEE IS \$150.00 Fee will be \$550.00 Florida Department o	f State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ROSS, VICT 7113 SEABU TAMPA FL 3	JRY COURT	☐ Delete			☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		J	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	• • • • • • • • • • • • • • • • • • • •	l l	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	-		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		h .	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1	☐ Change ☐ Addition

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:

4-18-2003

813) 494 - 0983

Daytime Phone #