


FILED
Sep 15, 2003 8:00 am
Secretary of State

09-15-2003 90150 010 ***550.00

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

DOCUMENT # P0200043008

1. Entity Name
TARPON COAST CONSULTING, INC.



Principal Place of Business
 400 HARBOUR PLACE DR, SUITE 1458
 TAMPA, FL 33602

Mailing Address
 400 HARBOUR PLACE DR, SUITE 1458
 TAMPA, FL 33602

2. Principal Place of Business
914 Hemingway Circle

3. Mailing Address
914 Hemingway Circle

Suite, Apt. #, etc.

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33602

Country
USA

CHECK HERE IF MAKING CHANGES

5. Name and Address of Current Registered Agent

DEVOS, ALAN J
 400 HARBOUR PLACE DR, SUITE 1458
 TAMPA, FL 33602

4. FEL Number
72-1523216

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name
Luciano Prida & Co., P.A.

Street Address (P.O. Box Number is Not Acceptable)
1106 N. Franklin Street

City
Tampa

FL Zip Code
33602

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 **9/9/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)

FILE NOW!!! FEE IS \$160.00
 After May 1, 2003 Fee will be \$550.00
 Amended UBR is \$61.25
 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 NAME STREET ADDRESS CITY-ST-ZIP | D DEVOS, ALAN J JR 400 HARBOUR PLACE DR, SUITE 1458 TAMPA, FL 33602 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PICARD, ROBERT D III 400 HARBOUR PLACE DR, SUITE 1458 TAMPA, FL 33602 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Devos, Alan J. Jr. 914 Hemingway Circle Tampa, FL 33602 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Picard, Robert D. III 914 Hemingway Circle Tampa, FL 33602 |
| 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: _____ DATE **9/10/03** (813) 227-9570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)