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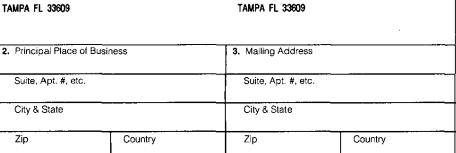
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2003 FO	R PROFIT (ORPORAT	rion
UNIFORM	BUSINESS	REPORT	(UBR)

DOCUMENT #

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6. Name and Address of Current Registered Agent



☐ CHECK HERE IF MAKING CHANGES Applied For

DATE

4. FEI Number 04-3650804 5. Certificate of Status Desired

Not Applicable \$8.75 Additional Fee Required

GOODWIN, JAMES W 400 N TAMPA ST STE 2300 **TAMPA FL 33602**

Name	7.0		-		
Street Add	ress (P.O. Box Number	er is Not Acceptable)			
City			FL	Zip Code	

7. Name and Address of New Registered Agent

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. S . Par

(NOTE; Registered Agent signature required when reinstating)

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. -, FILE NOW!!! FEE IS \$150.00 ũ, After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition BURNS, JOHN J NAME NAME 4801 W WOODMERE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33609** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME MERRILL, SHARON A NAME 4801 W WOODMERE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33609 CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not quarry 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, wit

Daytime Phone #