



**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90118 050 \*\*\*150.00

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

<b>DOCUMENT # P02000048505</b>					
1. Entity Name <b>JARAMILLO &amp; FREEMAN, P.A.</b>					
Principal Place of Business <b>2100 MLK BOULEVARD TAMPA, FL 33607</b>		Mailing Address <b>2100 MLK BOULEVARD TAMPA, FL 33607</b>		<b>11028851</b>    <input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
2. Principal Place of Business		3. Mailing Address			
State, Apt. #, etc.		State, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>27-0013019</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				5. \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>FREEMAN, BRIAN 3333 HIBISCUS DRIVE FT. MYERS, FL 33901</b>			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City <b>FL</b> Zip Code		
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 _____ <small>SIGNATURE: typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's name and address required.)</small>					
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	PO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>FREEMAN, BRIAN</b>		NAME		
STREET ADDRESS	<b>3333 HIBISCUS DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FT. MYERS, FL 33901</b>		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>JARAMILLO, JERRY</b>		NAME		
STREET ADDRESS	<b>2100 MLK BOULEVARD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA, FL 33607</b>		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>FREEMAN, BRIAN</b>		NAME		
STREET ADDRESS	<b>3333 HIBISCUS DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FT. MYERS, FL 33901</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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 qualify for the exemption stated in Section 119.07(3)(1), 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 507, 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: _____			4-29-03 (813)871-3074		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OR DIRECTOR</small>			<small>CLASS</small>		

CE12ED34 (1/02)