


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

DOCUMENT # P02000052705

1. Entity Name
TAMPA SOCCER SCHOOL, INC.




Principal Place of Business 401 W KENNEDY BLVD BOX 1 TAMPA, FL 33606-1490	Mailing Address 401 W KENNEDY BLVD BOX 1 TAMPA, FL 33606-1490
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2. Principal Place of Business	3. Mailing Address
State, Apt. #, etc.	State, Apt. #, etc.

City & State	City & State
Zip	Country

55038835



CHECK HERE IF MAKING CHANGES

4. FEI Number 02-0591042	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$3.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JOHNSTON, BOBBY 401 W KENNEDY BLVD BOX 1 TAMPA, FL 33606-1490	7. Name and Address of New Registered Agent
	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL 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 _____
(Signature, name of natural person registered agent and title if applicable. (NONE: Registered Agent Signature required when necessary.)

9. Election Campaign Financing Trust Fund Contribution \$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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	DPST JOHNSTON, BOBBY	401 W KENNEDY BLVD	TAMPA, FL 33606				

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an Electronic Filing, with an Electronic Filing, with all other files empowered.

SIGNATURE: Robert M. Johnston 4/14/03 813 784 2431
(Signature and Title of Filer is Name of Officer, Director or Director)

CHECKBOX (10/02)