FILED
Apr 24, 2003 8:00 am
Secretary of State
04-24-2003 90280 008 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000057771

1. Entity Name
DESBORO PARTNERS, INC.

11014043

Principal Place of Business	Mailing Address
~~122 4TH AVENUE N.~~ SAFETY HARBOR, FL 34695	~~122 4TH AVENUE N.~~ SAFETY HARBOR, FL 34695

2. Principal Place of Business	3. Mailing Address
785 7th St S.	785 7th St S.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Safety Harbor, FL	City & State: Safety Harbor FL
Zip: 34695 Country: Pinellas	Zip: 34695 Country: Pinellas

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 03-0510125 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WAKELING, WILLIAM D
~~122 4TH AVENUE N.~~
SAFETY HARBOR, FL 34695

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 785 7th St. S.
City: Safety Harbor FL Zip Code: 34695

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: [signature]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WAKELING, WILLIAM D ~~122 4TH AVENUE N.~~ SAFETY HARBOR, FL 34695	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 785 7th St S. Safety Harbor, FL 34695
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VOGT, JEFFERY D 337 BAYSHORE BLVD. S. SAFETY HARBOR, FL 34695	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: [signature] W. Douglas Wakeling 4-21-03 727 647-2435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #