

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90128 041 ***158.75

DOCUMENT # P02000062118

1. Entity Name
COVERAGE SOLUTIONS CORPORATION



Principal Place of Business
2901 W. BUSCH BLVD., SUITE 900
TAMPA FL 33618

Mailing Address
2901 W. BUSCH BLVD., SUITE 900
TAMPA FL 33618

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

61-1416201

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARKER, RICHARD
13508 AVISTA DR.
TAMPA FL 33618

7. Name and Address of New Registered Agent

Name **RICHARD PARKER**

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

13706 ATTLEY PLACE

City **TAMPA**

FL

Zip Code **33624**

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, typed or printed name of registered agent and title if applicable.

RICHARD PARKER

(NOTE: Registered Agent signature required when reinstating)

2/24/03

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	PD	<input type="checkbox"/> Delete
NAME	PARKER, RICHARD	
STREET ADDRESS	2901 W. BUSCH BLVD., SUITE 900	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PARKER, SARA	
STREET ADDRESS	2901 W. BUSCH BLVD., SUITE 900	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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)(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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED **RICHARD PARKER**

Date

Daytime Phone #

2/24/03 813-931-1415

CR2E034 (10/02)