2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UB P02000094074 DOCUMENT # 1. Entity Name



FILED

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	Secretary of State
	04-14-2003 90112 050 ***150.00

Principal Place of Business 302 8TH AVENUE N. ST. PETERSBURG FL 33713 2. Principal Place of Business 302 8TH AVENUE N. ST. PETERSBURG FL 33713 3. Mailing Address 302 8TH AVENUE N. ST. PETERSBURG FL 33713 3. Mailing Address 302 8TH AVENUE N. Suite, Apt. # 61. Su	
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Sity & State Stricters burg	e
SB. 75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BEAVER, PATRICK R 3021 81TH AVENUE N. ST. PETERSBURG FL 33713 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent are transferred agent and steel applicable FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN III TITLE PANALE BEAVER, PATRICK R 3021 81TH AVENUE N. STREET ADDRESS 3021 81TH AVENUE N. ST. PETERSBURG FL 33713 CITY-ST-ZIP NAME BEAVER, KIMBERLY A NAME BEAVER, KIMBERLY A SREET ADDRESS CITY-ST-ZIP NAME BEAVER, KIMBERLY A NAME Country St. Certificate of Status Desired Agent Rame Street Address of New Registered Agent Name Name Name Street Address of New Registered Agent Name Name Street Address of New Registered Agent Name Name Street Address of New Registered Agent Name Name Street Address of New Registered Agent Name Street Address of New R	e
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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 eath; 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.

Deaver

SIGNATURE: