## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

UNIFURIN BUS	INESS KEPUI	(I (UBK)	- Arman H D com	×2
DOCUMENT # P02000097490			Trans designation of the second	
1. Entity Name			03.18N 15 px	d 1 0 -
Sicota Key Realty Advisors, Incorporated			03 JAN 16 PM 1:38  SECRETARY OF STATE TALEAHASSEE FLORIDA	
2. Principal Place of Business	3. Mailing Address			
1402 DEKIEAVE	s. Jame	****		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS:	SPACE
Tampa FL	City & State		4. FEI Number 55 - 079 6381	Applied For Not Applicable
Zip Country USA	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		7. Name and Address of Current Registered Agent		
DO NOT WRITE GOVERNMENT JOHN STANLEY, Jr.				
IN THIS	PLENDED OF THE PROPERTY OF THE PLEASE OF THE	Street Address (	P.O. Box Number is Not Acceptable)  DCKIC AVENUE	
				To Onda
8. The above named entity submits this statem	tent for the purpose of changing	City Tom	FL	Zio Code 33606
the obligations of registered agent.	ton to the purpose of ortanging	The registered differ the register	ou agent, or both, in the diate of riolida. Fash R	armiar with, and accept
SIGNATURE Signature, wood or printed name of recisioner	d agent and title if emplicable	Gerald H.	Stanlay Je. 1-14	-03
January 1 - May 1 Fee is \$150.0 After May 1, Fee is \$550.00		no em Agent especial establista	9. Election Campaign Financing	\$5.00 n
Amended UBR is \$61,25 Make Check Payable to Florida Departme	ent of State		Trust Fund Contribution.	\$5.00 May Be Added to Fees
10. OFFICERS	AND DIRECTORS			
NAME Gerald H. Sta	inley, Jr.	TITLE NAME	_ <del></del>	198_/
STREET ADDRESS 1902 DEKICA	verlúc 3360b	STREET ADDRESS	01/16/03-+01053-+024	***861,775
TITLE	22/0/10	THILE	BDBBDBBBB	
NAME STREET ADDRESS		STREET ADDRESS	10/28/02-01122-005	\$ 61.25
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE NAME		NAME .		
STREET ADDRESS CHY-S1-ZIP		STREET ADDRESS CITY ST-ZIP	DO NOT WRI	TE
TITLE NAME			IN THIS SPACE	<b>Se</b> amhliú.
STREET ADDRESS		NAME STREET ADDRESS		
CITY-ST-ZIP TITLE		CITY-ST-ZIP		
NAME STREET ADDRESS		NAME 2		
CITY-SI-ZIP		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		NAME		
STREET ADDRESS CHY-SI-ZIP		STREET ADDRESS		
12. I hereby certify that the information supplied	d with this filing does not qualify	CiTY ST ZIP	otion 119.07(3)(i), Florida Statutes. I further certi	ify that the information
Indicated on this report of supplemental rer	port is true and accurate and that e empowered to execute this re	al my signatura shall haye the e	ame legal effect as if made under oath; that I al I/, Florida Statutes; and that my name appears	m an officer or director
		- Damid II	Stanley Jel-14-03 Bl	2.061 5505
SIGNATURE:	D OR PRINTED NAME OF SIGNING OFFIC	ER OR DIRECTO	Date Da	sylme Phone #