2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000113916

Address:

Entity Name: SPRINGBORN, KING & SHARPE INC

Apr 29, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 408 S. TAMPANIA 411 CLEMONS RD BRANDON, FL 33510 TAMPA, FL 33609 **New Mailing Address: Current Mailing Address:** 408 S. TAMPANIA 411 CLEMONS RD BRANDON, FL 33510 TAMPA, FL 33609 **FEI Number:** FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEGAL ZOOM NEVADA, INC. 395 ALHAMBRA CIRCLÉ SUITE 301 CORAL GABLES, FL 33134 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: (X) Change () Addition

Title: () Delete SPRINGBORN, KRISTI SPRINGBORN, KRISTI Name: Name: 408 S. TAMPANIA, SUITE 301 411 CLEMONS RD Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: BRANDON, FL 33510

Title: Title: () Delete (X) Change () Addition Name:

KING, JOSHUA Name: KING, JOSHUA 408 S. TAMPANIA, SUITE 301 411 CLEMONS RD Address: CORAL GABLES, FL 33134 BRANDON, FL 33510 City-St-Zip: City-St-Zip:

Title: Title: () Delete (X) Change () Addition

SHARPE, KEVIN SHARPE, KEVIN Name: Name: 408 S. TAMPANIA, SUITE 301 411 CLEMONS RD Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: BRANDON, FL 33510

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: KRISTI SPRINGBORN 04/29/2003