


**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91501 005 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P02000134132**

1. Entity Name  
**TARHEEL PRIDE INC**



Principal Place of Business      Mailing Address  
 14792 ENCLAVE LAKE DR.      14792 ENCLAVE LAKE DR.  
 APT. T2      APT. T2  
 DELRAY BEACH, FL 33484      DELRAY BEACH, FL 33484

2. Principal Place of Business      3. Mailing Address  
*133 Orchard Ridge Ln.*      *133 Orchard ridge ln.*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
*Boca Raton, FL*      *Boca Raton FL*  
 Zip      Country      Zip      Country  
*33431*      *Palm*      *33431*      *Palm*



CHECK HERE IF MAKING CHANGES

4. FEI Number      Applied For  
*16-1644177*       Not Applicable

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

6. Name and Address of Current Registered Agent  
**KIESLING, ROBERT A**  
**4783 N. CONGRESS AVE. #206**  
**BOYNTON BEACH, FL 33426**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is not Acceptable)  
 City      **FL**      Zip Code

I, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and date if applicable)      (DATE: Registered Agent's signature required when substituting)



9. Election Campaign Financing Trust Fund Contribution       \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KANE, CHRISTOPHER M 14792 ENCLAVE LAKE DR. DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>W PD</i> KANE, Christopher M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>133 Orchard ridge Ln</i> <i>Boca Raton FL, 33431</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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)(1), 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 to this address, with all other like empowered.

SIGNATURE: *[Signature]*      *04/23/04*      *561-350-1141*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytona Phone #

CR2E034 (1/01/02)