


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/16

FILED
May 07, 2003 8:00 am
Secretary of State

04-16-2003 90282 012 *****8.75
05-07-2003 90159 039 ***150.00

DOCUMENT # P02000134967	
1. Entity Name REINA & WILLIAM GONZALEZ, INC.	

Principal Place of Business 12622 MEMORIAL HWY STE 211 TAMPA FL	Mailing Address 12622 MEMORIAL HWY STE 211 TAMPA FL
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2. Principal Place of Business 6111 STATE RD. 54	3. Mailing Address POB 1602
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State NEWPORT RICHEY FL	City & State OLDSMAR, FL
Zip 34653	Zip 34677
Country USA	Country USA

4. FEI Number 54-2097650	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent CLARK, JAMES L ESQ. 1902 S MACDILL AVE TAMPA FL 33629

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

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GONZALEZ, REINA B PO BOX 1602 OLDSMAR FL 34677	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WILLIAM GONZALEZ, II POB 22 OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GONZALEZ, WILLIAM G PO BOX 1602 OLDSMAR FL 34677	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. PRES. AND TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WILLIAM G. GONZALEZ POB 1602 OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: WILLIAM GONZALEZ, II, PRES. **4-14-03** **813/767-4172**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Office Phone #**

CR2E034 (10/02)