-2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

DOCL 1. Entity Nat JORO IN		P03000	000037 V			03-24-20	03 90203 04:	2 ***15	50.00	
Principal Place of Business Mailing Address 414 TURNER STREET 414 TURNER STREET CLEARWATER FL 33756 CLEARWATER FL 33756										
2. Principal Place of Business			3. Mailing Address							j
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FE! Number Applied For Not Applied For Not Applied For				<u></u>
Zip	Coun		Zip C		ry	.sCertificate of Status Desired				7.
	6. Name and Ad	dress of Current Rec	Jistered Agent	7. Name and Address of New Registered Agent Name]	
GALLINA, TRISTA					Street Address (P.O. Box Number is Not Acceptable)					
414 TURNER STREET CLEARWATER FL 33756										┥
					City		FL	Zip Coc	je	1
	named entity submit- tions of registered age		e purpose of changing its	s registere	d office or registere	ed agent, or both, in the State of	Florida. I am fan	niliar with,	and accept	1
SIGNATURE		eme of registered agent and ti								
F	ILE NOW!!! FEE		tie il applicable. (NO)	TE: Registered	Agent signature required t		DATE			$\frac{1}{1}$
Afte	r May 1, 2003 Fee t k Payable to Florida	will be \$550.00	ate i		,	9. Election Campaign Trust Fund Contribu)0 May Be d to Fees	
10.		OFFICERS AND DIR		11.		ADDITIONS/CHANGES TO O	FFICERS AND D	RECTOR	S IN 11	}_
TITLE NAME	d Gallina, Trista		☐ Delete	TITLE NAME			C) Change	■ Addition	15/0/
STREET ADDRESS CITY-ST-ZIP	13596 AUDREY LARGO FL 33771	ANE		STREET CITY-5	TADDRESS ST-ZIP					3R2F034 (10/02)
TITLE NAME		· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE] Change	☐ Addition	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
STREET ADDRESS			•	STREET	ADDRESS					
CITY-ST-ZIP TITLE			☐ Delete	CITY-S	11-2P	man and a second se		Change	☐ Addition	- 0
NAME STREET ADDRESS					ADDRESS			<u> </u>		-
City-ST-ZIP			<u> </u>	CITY-S	T-ZiP			1 Change		{
NAME			Delete	NAME			<u>. </u>] Change	Addition	
STREET ADDRESS CITY-ST-ZIP				STREET CITY-S	ADDRESS T-ZIP					
TITLE NAME			Delete	TITLE NAME				Change	Addition	
STREET ADDRESS CITY-SI-ZIP					ADDRESS 1-ZIP					
TITLE			☐ Defele	TITLE		· · · · · · · · · · · · · · · · · · ·	C) Change	Addition	1
STREET ADDRESS					ADDRESS					
12. I hereby c	ertify that the informat	ion supplied with this	filing does not qualify for	cmy-s		tion 119.07(3)(i). Florida Statutes	. I further certify	that the in	itormation	
indicated of the corr changed,	on this report or suppl poration or the receive or on an attachment	lemental report is true or or trustee empowers with an address with a	and accurate and that ned to execute this report all other like ampositioned.	ny signatur as requirer		ion 119.07(3)(i), Florida Statutes me legal effect as if made under Florida Statutes; and that my nar	oath; that I am a ne appears in Blo	n officer o	or director Block 11 if	
SIGNAT	URE:	URE AND TYPED OR PRINTE	D ROUTE OF BIGHING OFFICER	DR DIRECTOR	103tal	M. Galling 3/1.	7/03 (77 Deytim	2)53	5-33/17	