2004 FOR PROFIT CORPORATION

FILED Jul 12, 2004 8:00 am Secretary of State

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DOCUMENT # P03000122119 1. Entity Name TAMPA BAY DRIVING SCHOOL, INC.					07-12-2004 90017 045 ***150.00					
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Principal Place of Business Mailing Address						330	4000	U		
1452 GULF-T		P.O. BOX 870 Clearwater, Fl 337								
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Principal Place of Buşiness Mailing Address						i i ii ii ii ii ii ii ii ii ii ii ii ii ii ii				
Suite, Apr. #, etc. 1917-A. DROW STREET Suite,		Suite, Apt. #, etc.	ite, Apt. #, etc.		2004	Chg-P	CR2E034	(10/03)		
CLEARWATER FL		City & State		4. FE	Number - 03	44480			olied For Applicable	
3370	5 PINILLAS	Zîp	Country	5. Ce	rtificate of	Status Desired		3.75 Addi e Required		
	6. Name and Address of Current F	Registered Agent		7. Na	me and Ad	dress of New Re	gistered Ag	ent		
Name .										
JORGÉ, RIQUELME E 2599 COUNTRYSIDE BLVD APT 111 CLEARWATER, FL 33761				Street Address (P.O. Box Number is Not Acceptable)						
	, . , . ,		City		·		FL	Zip Code)	
A The above	named entity submits this statement for	the nurpose of changing its	registered office or	registered agen	t or both	in the State of Flori	•	niliar with	and accept	
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										
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 9. Election Campaign Financing								F.S., the otice.		
10.	OFFICERS AND	DIRECTORS	11.	ADD	ITIONS/CH	HANGES TO OFFIC	ERS AND D	RECTORS	3 IN 11	
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12. I hereby of indicated	certify that the information supplied with tion this report or supplemental report is	this filing does not (fualify to	or the exemption statem my signature shall h	ed in Section 11 ave the same to	19.07(3)(i), :gat effect :	Florida Statutes. I	further certifi ath: that Lan	that the in	nformation or director	
12. I hereby certify that the information supplied with this filing does not quality 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 by the fixed 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.										
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COLOR President 07-09-04 (727)214-7083

SMATTED NAME OF SIGNIMA OFFICER OR DIRECTOR

DELO DESTRUCTOR