

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P20042

FILED
Jan 20, 2003
Secretary of State

Entity Name: OWEN AYRES & ASSOCIATES, INC.

Current Principal Place of Business:

8875 HIDDEN RIVER PARKWAY
SUITE 200
TAMPA, FL 33637

New Principal Place of Business:

Current Mailing Address:

8875 HIDDEN RIVER PARKWAY
SUITE 200
TAMPA, FL 33637

New Mailing Address:

FEI Number: 39-0965082 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KUSHA, SIAMAK
18111 REGENTS SQUARE DRIVE
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

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:

Title: SD () Delete
Name: SCHULTZ, DEAN T
Address: 2207 WHITE PINE DRIVE
City-St-Zip: EAU CLAIRE, WI 54701

Title: AS () Delete
Name: STUMM, THOMAS F
Address: 2934 GREEN VIEW DR
City-St-Zip: EAU CLAIRE, WI

Title: PD () Delete
Name: QUINN, PATRICK J.,
Address: 4332 WOODRIDGE DRIVE
City-St-Zip: EAU CLAIRE, WI

Title: D () Delete
Name: HANCOCK, DAVID,
Address: 7574 N PINE HARBOR DR
City-St-Zip: CHIPPEWA FILLS, WI

Title: D () Delete
Name: DINGMANN, DUANE E.,
Address: RT 6 BOX 215
City-St-Zip: EAU CLAIRE, WI

Title: VD () Delete
Name: OTIS, RICHARD
Address: 2445 DARWIN ROAD
City-St-Zip: MADISON, WI 53704

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: THOMAS F STUMM

AS

01/20/2003

Electronic Signature of Signing Officer or Director

_____ Date

DR. WILLIAM RUPP, DIRECTOR
LUTHER - MIDELFORT
P O BOX 1510
EAU CLAIRE, WI 54702-1510

NORMAN KELLER, DIRECTOR
BLUE CROSS & BLUE SHIELD
2270 HIGHLAND MALL
EAU CLAIRE, WI 54701