

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

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90275 046 ***150.00

DOCUMENT # P92000013877
1. Entity Name
XTC SUPERCENTER, INC.

DO NOT WRITE IN THIS SPACE

656605

2. Principal Place of Business 4829 N LOIS Suite, Apt. #, etc. SUITE 1A City & State TAMPA, FL Zip 33614 Country US		3. Mailing Address C/O CPA 25 2ND ST. N. Suite, Apt. #, etc. SUITE 210 City & State ST. PETERSBURG, FL Zip 33701 Country US	
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4. FEI Number
59-3163358

Applied For	
Not Applicable	

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

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7. Name and Address of Current Registered Agent

Name
TYLER, DEAN

Street Address (P.O. Box Number is Not Acceptable)
310 COFFEE POT RIVIERA NE

City
ST. PETERSBURG FL Zip Code
33701

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1; Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD TYLER, DEAN 310 COFFEE POT RIVIERA NE ST. PETERSBURG, FL 33701	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Dean Tyler **DEAN TYLER** 4/26/02 **727-571-1040**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)