## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (URB)

## FILED Mar 26, 2003 8:00 am §

17MPA PC 33625   Tampa to 33625   595/0/3/4	50.00
15901 ARMISTEAD LN ODESSA FL 33556  2. Principal Place of Business S540 HCORN RIGGER S540 ACDEN RIGGER Suite, Apt. #, etc.  City & State TAMPA FL 33425 Tampa ft 33425  15901 ARMISTEAD LN ODESSA FL 33556  DESSA FL 33556  3. Mailing Address Suite, Apt. #, etc.  City & State TAMPA FL 33425 Tampa ft 33425  4. FEI Number 59-3181314	• ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State TAMPA FL 33625 Tampa F. 33625  ACDEN Ridge CT Suite, Apt. #, etc.  City & State TAMPA FL 33625 Tampa F. 33625  4. FEI Number 59-3181314	• ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name	25-
BATCHO, MICHAEL C  Street Address (P.O. Box Number is Not Acceptable)  The street Address (P.O. Box Number is Not Acceptable)	
ODESSA FL 33556	
PTámpa FL Z3°	3u.25
8. The above named entity submits this statement in the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent.	, and accept
SIGNATURE Signature, typed or bringled name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE	
FILE NOW!!! FEE IS \$150.00	
After May 1, 2003 Fee will be \$550,00 9. Election Campaign Financing \$5.	00 May Be ed to Fees
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	S IN 11
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12. I hereby certify that the information supplied with this filing does indicated on this report or supplemental report is true and according to the corporation or the receiver or trustee empowers to exchanged, or on an attachment with an address with all other like of quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information rate and into the same legal effect as if made under oath; that I am an officer or director the try report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if a processor of the same specific processor.

CITY-ST-ZIP

SIGNATURE: 📈

CITY-ST-ZIP

QUIRED SIGNING OFFICER OR DIRECTOR 3-24-03

Daytime Phone #