

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P93000045206

FILED
Apr 25, 2003
Secretary of State

Entity Name: A CONFIDENTIAL SOURCE, INC.

Current Principal Place of Business:

416 LAKE DR. SOUTH
CLEARWATER, FL 34615 US

New Principal Place of Business:

809 SPENCER AVENUE
CLEARWATER, FL 34616 US

Current Mailing Address:

P O BOX 8544
CLEARWATER, FL 34618

New Mailing Address:

FEI Number: 59-3186458 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FROGGATT, CLIFFORD N JR.
203 6TH STREET NE
RUSKIN, FL 33570 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: DP () Delete
Name: FROGGATT, CLIFFORD N
Address: 203 6TH ST NE
City-St-Zip: RUSKIN, FL 33570

Title: DV () Delete
Name: GASTER, MADELINE M
Address: 806 SPENCER ST
City-St-Zip: CLEARWATER, FL 34616

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MICHELE GASTER

VP

04/25/2003

Electronic Signature of Signing Officer or Director

Date