FILED

Feb 17, 2003 8:00 am

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P93000070365

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Secretary of State DOCUMENT # 02-17-2003 90173 018 ***150 00 1. Entity Name COLUMBUS CIRCLE VENTURE, INC. Mailing Address Principal Place of Business 1925 LAKELAND HILLS BLVD. P.O. BOX 90249 LAKELAND FL 33805 LAKELAND FL 33804-0249-\3330) 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES 600 El 44 SeO Applied For City & State City & State 4. FEI Number 59-3209459 10 Not Applicable ountr Country \$8.75 Additional 5. Certificate of Status Desired uŚA Fee Required 7.-Name and Address of New Registered Agent----6. Name and Address of Current Registered Agent. Name WEINBREN, DON-B. 101_E_KENNEDY-BLVD: SUITE 2800-TAMPA FL 3360 City ement for the purpose of changing its registered office or registered agent, or The above named the obligation **SIGNATURE** agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE Addition TITLE MURPHY, FRANK P NAME 1325 LAKELAND HILLS BEVD: STREET ADDRESS STREET ADDRESS LAKELAND FL 33805 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete VON PALESKE, HORST NAME NAME 1925-LAKELAND-HILLS-BLVD. STREET ADDRESS STREET ADDRESS LAKELAND FL 33805 CITY-ST-ZIP CITY-ST-ZIP -Change-- Addition . Delete بريد TITLE. TITLE PEACOCK, JOHN M NAME NAME 1325 LAKELAND HILLS BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-7IP LAKELAND FL 33805 CITY-ST-ZIP Change ☐ Delete TITLE Addition TITLE BERTRAM, FRANK W NAME NAME 1325 LAKELAND HILLS BLVD. STREET ADDRESS STREET ADDRESS LAKELAND FL 33805 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE HOUGH, JAMES N NAME Show | Creck Village NAME 600 EL PASEO STREET ADDRESS STREET ADDRESS LAKELAND FL 33805 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

CR2E034 (10/02)