

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90135 003 ***150.00

DOCUMENT # P94000058499



1. Entity Name
TIRA MISU VENTURES, INC.

Principal Place of Business
**330 8TH AVE N.
SUITE 3
SAINT PETERSBURG FL 33715**

Mailing Address
**330 8TH AVE N.
SUITE 3
SAINT PETERSBURG FL 33715**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3259040**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITHSON, LISA
THE TIDES SUITE 750
1901 ULMERTON RD
CLEARWATER FL 33762**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	WARD, MICHAEL	
STREET ADDRESS	330 8TH AVE. N., UNIT #3	
CITY-ST-ZIP	TIERRA VERDE FL 33715	
TITLE	DST	<input type="checkbox"/> Delete
NAME	WARD, SUZANNE	
STREET ADDRESS	330 8TH AVE. N., UNIT #3	
CITY-ST-ZIP	TIERRA VERDE FL 33715	
TITLE	V	<input type="checkbox"/> Delete
NAME	SMITHSON, LISA	
STREET ADDRESS	1901 ULEMERTON RD, STE 750	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

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: SIGNATURE REQUIRED Director 4-1-2003 (727)8662782
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)