

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P94000065135

FILED
Apr 26, 2002 8:00 AM
Secretary of State

Entity Name: TAW MIAMI SERVICE CENTER, INC.

Current Principal Place of Business:

9930 NW 89TH AVE
MIAMI, FL 33178 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 3381
TAMPA, FL 33601 US

New Mailing Address:

FEI Number: 65-0516082 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TURNER, JAMES A III
440 SOUTH 78TH STREET
TAMPA, FL 33615 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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: TURNER, J. ARTHUR 111
Address: 220 BLANCA AVE.
City-St-Zip: TAMPA, FL

Title: DCFO () Delete
Name: SHUPE, CHARLES B
Address: 6801 CRESTHILL COURT
City-St-Zip: TAMPA, FL

Title: DS (X) Delete
Name: TURNER, NANCY J
Address: 205 BLANCA AVENUE
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change () Addition
Name: TURNER, J. ARTHUR III
Address: 220 BLANCA AVE.
City-St-Zip: TAMPA, FL 33606 US

Title: TRES (X) Change () Addition
Name: MACINNES, MICHAEL M
Address: 440 SOUTH 78TH STREET
City-St-Zip: TAMPA, FL 33619 US

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: MICHAEL M. MACINNES

TRES

04/26/2002

Electronic Signature of Signing Officer or Director

_____ Date