2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P94000088557 DOCUMENT

1. Entity Name

SIGNATURE:

TULLY/WOODMANSEE INTERNATIONAL, INC.



FILED May 02, 2003 8:00 am Secretary of State 05-02-2003 90194 031 ***150.00

Principal Plac 1355 AUTOMO BLDG 2. SUIT CLEARWATER	BILE BLVD E 200	1355 / BLDG	Mailing Address 1355 AUTOMOBILE BLVD BLDG 2. SUITE 200 CLEARWATER FL 33762-3838							
2. Principal Place of Business			3. Mailing Address					-		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				_	CHECK HERE IF MAKING CHANGES		
City & State			City				4. FEI Number 65-0536729 Applied For Not Applicable			
Zip		Country	untry Zip Cou			itry	5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name	and Address of Current	Registere	Registered Agent			7. Name and Address of New Registered Agent			
TULLY, MARGO 2928 KENILWORTH BLVD				-			arne treet Address (P.O. Box Number is Not Acceptable)			
SEBRING	FL 338/U				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 - Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
After	May 1, 200	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department o	f State	ite				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
10	504	OFFICERS AND	DIRECTOR	3S	11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS TULLY, MA 2928 KENII SEBRING F	LWORTH BLVD		☐ Delete			135	19, Mero O 19, Mero O 555 Kendoso Actomobile Blud # 200 Capuater, FL 33762		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ISEE, BRUCE LWORTH BLVD L 33870		☐ Delete			100	7		
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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.										