

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

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

0456706 AV

04-21-2003 90346 010 \*\*\*150.00

**DOCUMENT # P95000041150**



1. Entity Name  
**EUCLID DALE MABRY CORP.**

Principal Place of Business <b>3641 W. KENNEDY BLVD. SUITE A TAMPA FL 33609 US</b>	Mailing Address <b>3641 W. KENNEDY BLVD. SUITE A TAMPA FL 33609 US</b>
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-3357325**      Applied For  
Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAILIN, LAWRENCE J  
C/O STEARNS WEAVER MILLER WESSLER, ETC.  
401 EAST JACKSON STREET SUITE 2200  
TAMPA FL 33601**

Name	<b>Leslie J. Barnett</b>
Street Address	<b>Barnett, Bolt, Kirkwood &amp; Long 601 Bayshore Boulevard, Suite 700</b>
City	<b>Tampa, FL 33606</b>
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

(NOTE: Registered Agent signature required when reinstating)

DATE **4/15/03**

**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LEVY, CLIFF</b>	
STREET ADDRESS	<b>1616 CULBREATH ISLES DRIVE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33629</b>	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>4932 ST. CROIX DRIVE</b>	
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LEVY, SIGMUND</b>	
STREET ADDRESS	<b>1200 SHEPPARD AVENUE EAST, SUITE 106</b>	
CITY-ST-ZIP	<b>WILLOWDALE, ONTARIO CANADA M2K2S-5</b>	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>217 BURGANK DRIVE</b>	
CITY-ST-ZIP	<b>TORONTO, ON CANADA M1K 1P5</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 14, 2003 (813) 353-2220  
Date Daytime Phone #

CR2E034 (10/02)