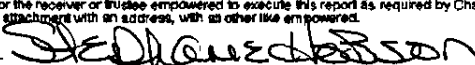


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90194 004 ***160.00

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

DOCUMENT # P96000013008			
1. Entity Name MANSION MINDERS, INC.			
Principal Place of Business 3200 SAN PEDRO ST. TAMPA, FL 33629		Mailing Address 3225 SO MACDILL AVE, SUITE 129 TAMPA, FL 33629-8171	
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 59-3381003		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOBSON, STEPHANIE 3200 SAN PEDRO TAMPA, FL 33629		7. Name and Address of New Registered Agent 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. (NONE: Registered Agent Signature required when submitting))			
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 NAME STREET ADDRESS CITY-ST-ZIP	D HOBSON, STEPHANIE 3225 SO MACDILL AVE, SUITE 129 TAMPA, FL 33629-8171 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHANNON, D.M. 1701 N 74TH ST DAMAHA, NE 68114 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		4/28/03 813/835-1800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
STEPHANIE HOBSON			

10100897



☐ CHECK HERE IF MAKING CHANGES

CR2003 (10/02)

Attachment

10100897

P96000013008

© HARLAND CAMBRIDGE

MANSION MINDERS, INC.
800-652-4069
3225 S. MAC DILL AVE., # 129
TAMPA, FL 33629

1742

DATE APR 11 28 2005 80 894631 004

PAY TO THE ORDER OF DEALTIME LTD STATE \$ 1600.00

 **The Bank of Tampa**
BAYSHORE OFFICE
BAYSHORE, FLORIDA 33606

FOR WILLIAM J. MANSION DEALTIME LTD

SECURITY FEATURES
Detailed on back