

FILED
May 02, 2007 8:00 am
Secretary of State

DOCUMENT # P96000060759



Mailing Address
P.O. BOX 260055
TAMPA, FL 33685 US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Country

CR2E034 (12/06)

Applied For
Not Applicable

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

6. Name and Address of Current 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARBER, JIMMY O	
STREET ADDRESS	6702 SEAFAIRER DRIVE	✓
CITY-ST- ZIP	TAMPA, FL 33615	

TITLE	D	<input type="checkbox"/> Delete
NAME	BARBER, JACQUELINE K	
STREET ADDRESS	6702 SEAFAIRER DRIVE	
CITY-ST-ZIP	TAMPA FL 33615	

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

TITLE	<input type="text"/>	<input type="button" value="Delete"/>
NAME	<input type="text"/>	
STREET ADDRESS	<input type="text"/>	
CITY-STATE-ZIP	<input type="text"/>	

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

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

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. Box 261208
STREET ADDRESS	Tampa, FL 33685
CITY-ST-ZIP	

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

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

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

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

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 exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07

8138887946

Date _____

Davidson Physics 4