FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90386 023 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000013996

1. Entity Name
TLR OF BONITA, INC.

90121028

Principal Place of Business
12600 S BELCHER ROAD
STE 104
LARGO, FL 33773

Mailing Address
P O BOX 960
LARGO, FL 33779-0960

2. Principal Place of Business		3. Mailing Address	
6161 9 ST. N		6161 9 ST. N.	
Suite, Apt. #, etc. # 203		Suite, Apt. #, etc. # 203	
City & State ST. PETERSBURG FL		City & State ST. PETERSBURG FL	
Zip 33703	Country USA	Zip 33703	Country USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3426760 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RAWLS, EDGAR O
12600 S BELCHER ROAD
STE 104
LARGO, FL 33773

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable) 6161 9 ST. N.
203
City ST. PETERSBURG FL Zip Code 33703

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

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	PD	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	RAWLS, EDGAR O		NAME		
STREET ADDRESS	12600 S BELCHER RD STE 104		STREET ADDRESS	6161 9 ST. N. # 203	
CITY-ST-ZIP	LARGO, FL 33773		CITY-ST-ZIP	ST. PETERSBURG, FL 33703	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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] 4-30-03 727-520-7676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #