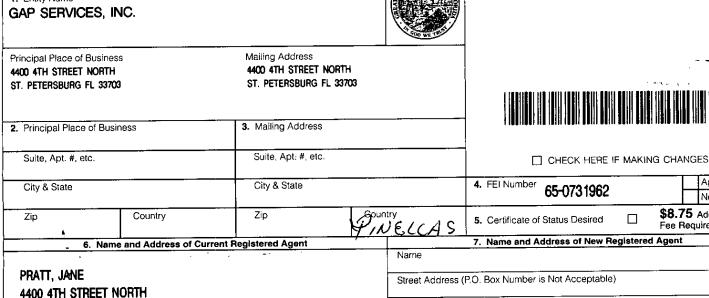
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

P97000019315

1. Entity Name



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

City

ST. PETERSBURG FL 33703

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

FILED

Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90486 012 ***150 00

\$5.00 May Be Added to Fees

Applied For

\$8.75 Additional

Zip Code

Fee Required

Not Applicable

Make Check Payable to Florida Department of State						
10. OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
NAME STREET ADDRESS CITY-ST-ZIP	PD PRATT, GEORGE 4400 4TH STREET NORTH ST. PETERSBURG FL 33703	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PRATT, JANE 4400 4TH STREET NORTH ST. PETERSBURG FL 33703	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CARARELLA, CAROL 4400 4TH STREET NORTH ST. PETERSBURG FL 33703	☐ Delete.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	The second secon	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 - 71P	·	☐ 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: