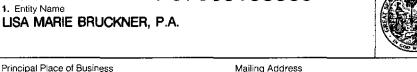
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P97000108339

DOCUMENT #





FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90162 036 ***150.00

Principal Place of Business 10507 OUT ISLAND DR TAMPA FL 33615			Mailing Address 10507 OUT ISLAND DR TAMPA FL 33615						
2. Principal Place of Business			3. Mailing Address			# 1881/1881 1881 1881/1 1881/1 1881/1 1881/1 1881/1 1881/1 1881/1 1881/1 1881/1 1881/1	! B B B		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State			City & State		4.	FEI Number 59-3482931	— — — — — — — — — — — — — — — — — — —	oplied For ot Applicable	
Zip	Countr	y Zip		Country		Certificate of Status Desired	S8.75 Add	ditional	
	6. Name and Add	ress of Current Registere	ed Agent		7.	Name and Address of New Regis	stered Agent		
				Name	Name				
BRUCKNER, LISA M 10507 OUT ISLAND DR				Street Add	Street Address (P.O. Box Number is Not Acceptable)				
TAMPA FL								,	
				City			FL Zip Cod	e	
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						Election Campaign Financ Trust Fund Contribution.		May Be to Fees	
10.		OFFICERS AND DIRECTO	RS	11.	AE	DDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR:	S IN 11	
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NAME	BRUCKNER, LISA			NAME				1	
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I nereby 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 recover or rustee 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: