## **FILED**

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

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

TITLE NAME NAME NAME NAME NAME NAME NAME NAME	1. Entity Name UNITED CAPITAL TRUST OF TAMPA, INC.									05-02-200	_	018 ***150.	
Suite, Apt. #, etc.  Suite, Ap	1005 W. BUSC 205	CH BLVD.	S	1005 \ 205	1005 W. BUSCH BLVD. 205						-   <b>11</b>     <b>28</b>     <b>2</b> }		
City & State  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired  S. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  Name  Sireer Address (P.C. Box Nammer in Not Acceptable)  For In A. Sur Ley  Sireer Address (P.C. Box Nammer in Not Acceptable)  In above named entity automits this statement for the purpose of changing its registered diffice or registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  Make Check Payable to Fforda Oppartment of State  POTE Register of Agent surfaces  In Country S. State  POTE Register of Agent surfaces  In Country S. State  In Country S. State  In Country S. State  POTE Register of Agent surfaces  In Country S. State  In Country S.	2. Principal F	Place of Busin	ness	3. Mail	3. Mailing Address								
ZP Country Zp Country S. Certificate of Status Desired   \$8.75 Additional Face Required   \$1.00 May Registered Agent   \$1.00 May Registered   \$1.00 May	Suite, Apt.	#, etc.	·	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
Second Country   Seco	City & Stat	ie		City & State					5953497768				
S. Name and Address of Current Registered Agent    Name   Size   Address   Name   Registered Agent	Zip		Country	Zip	Zip Coun				5. Certificate of Status Desired \$8.75 Additional				ditional
Name   Sirian   A.   Survices	<del></del>	6. Name	and Address of Current	Registere	d Agent				7. Nar	ne and Address of Ne	w Registere		
8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the childigations of registered agent agent.  SIGNATURE  ### A Boundary A Boundary State  ### A Boundary Florida Department of State  ### A Boundary Florida Department of State  ### A BODITIONS/CHANGES TO OPPICERS AND DIRECTORS  ### A BODITIONS/CHANGES TO OPPICERS AND DIRECTORS IN 11  ### A BODITIONS/CHANGES TO OPPICERS	14018 N	THEW B	,	u Agun		Street A	ddress (F	4 n P.O. Box	A. Burde Number is Not Accepte	Ave	2.		
8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the childigations of registered agent agent.  SIGNATURE  ### A Boundary A Boundary State  ### A Boundary Florida Department of State  ### A Boundary Florida Department of State  ### A BODITIONS/CHANGES TO OPPICERS AND DIRECTORS  ### A BODITIONS/CHANGES TO OPPICERS AND DIRECTORS IN 11  ### A BODITIONS/CHANGES TO OPPICERS							City	7/1	in 1	R	F	L   Zig Co2	e∧ /_
TITLE NAME NAME NAME NAME NAME NAME NAME NAME	F Afte	ILE NOW!	!! FEE IS \$150.00 03 Fee will be \$550.00				<b>Burd</b> d Agent signatu	eA ure required ·	when reinsta	9. Election Campaign	-		
MAKE WALKER, DAVID 1005 W. BUSCH BLVD., STE . 205 SITRET ADDRESS CITY-ST-ZIP  TITLE NAME SITRET ADDRESS CITY-ST-ZIP  TAMPA FL 33612  Delete  TITLE NAME SITRET ADDRESS CITY-ST-ZIP  Delete TITLE NAME SITRET ADDRESS CITY-ST-ZIP  Delete TITLE NAME SITRET ADDRESS CITY-ST-ZIP  Delete TITLE NAME SITRET ADDRESS CITY-ST-ZIP  Delete TITLE NAME SITRET ADDRESS CITY-ST-ZIP  Delete TITLE NAME SITRET ADDRESS CITY-ST-ZIP  Delete TITLE NAME SITRET ADDRESS CITY-ST-ZIP  Delete TITLE NAME SITRET ADDRESS CITY-ST-ZIP  Delete TITLE NAME SITRET ADDRESS CITY-ST-ZIP  Delete TITLE NAME SITRET ADDRESS CITY-ST-ZIP  Delete TITLE NAME SITRET ADDRESS CITY-ST-ZIP  Delete SITRET ADDRESS CITY-ST-ZIP	10.		OFFICERS AND	DIRECTO	RS	11.			ADDIT	TIONS/CHANGES TO	OFFICERS A	ND DIRECTOR	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	WALKER, 1005 W. E	Busch Blvd., Ste . 2	05	☐ Delete	NAM STRE	E EET ADDRESS					☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	EARNEST, 1005 W. B	Busch Blvd., Ste . 29	05	Delete	NAM STRE	E ET ADDRESS		•			☐ Change	☐ Addition
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NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	name Street address				☐ Delete	NAM STRE	E et addr <b>es</b> \$		_			☐ Change	Addition
12. Thereby 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	NAME Street address City-St-Zip	Partifu that the	a information cupoliced with	a this filing		NAMI STRE CITY	E et address -st-zip	ad in Sa	ation 110	07/3\(ii) Elorido Statud	ac   further		Addition

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