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

Mailing Address

## P98000021998 DOCUMENT #

Principal Place of Business

HAROLD A. REDWOOD CPA PA



## **FILED** Jan 29, 2003 8:00 am Secretary of State

01-29-2003 90153 039 \*\*\*150.00

Suite, Apt. #, etc.    City & State	7803 N ARMENDINA AVE TAMPA FL 33604			7803 N ARMENDINA AVE TAMPA FL 33604						
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City & State	2. Principal Place of Business		<b>3.</b> Ma	3. Mailing Address		,	E 1909/1009 496 (OLD) 4004E 00/F) COTIN COUN COUN	IN TENNE FIGUR 16114 (		
Z-D Country	Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  Name  REDWOOD, HAROLD A  7803 N AMELINIA AVE  TAMPA FL 38604  City  FL  City  FL  Zip Code  6. 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or registered agent, or both, in the State of Flor	City & State			City & State		4.	FEI Number <b>59-3497006</b>			
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REDWOOD, HAROLD A 7803 N AMELINIA AVE TAMPA FL 33604  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SignArtUPE    Signature fined name of registered agent.	Name and Address of Current Registered Agent					7.	Name and Address of New Registere	d Agent		
TAMPA F. 33604  City   FL   Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida agent, and accept the obligation of Florida agent agen	REDWOOD, HAROLD A					dross (BO E	Pay Number is Not Assentable)		·	
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B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    File Now!!!   FEE IS \$150.00	TAMPA FL 33604									
the obligations of registered agent.  SiGNATURE  Signature from the product or printed rearre of registered agent and title if applicable.  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  PREDWOOD, HAROLD A TREE WOOD, HAROLD A TREE TADDRESS CITY-S1-ZP  TAMPA FL 33604  TITLE  Delete  Delete  TITLE  Delete  TITLE  Delete  TITLE  Delete  Delete  TITLE  Delete  Delete  TITLE  Delete  TITLE  Delete  Delete  Delete  TITLE  Delete  Delete  Delete  TITLE  Delete  Dele					City		F	L Zip Code	e	
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Arter May 1, 2003 Fee will be \$350.00   Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS	FILE NOW!!! FEE IS \$150.00								n May Pa	
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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		ertify that the informat	ion supplied with this filing	does not qualify for th		d in Section	119 07/3)(i) Florida Statutas I further o	ertify that the in	oformation	

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 an other like empowered.

SIGNATURE: