

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

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90128 034 ***150.00

DOCUMENT # P98000043042

1. Entity Name

EXHEDRA SOLUTIONS, INC.



Principal Place of Business

**1209 LA BRAD LANE
TAMPA FL 33613**

Mailing Address

**1209 LA BRAD LANE
TAMPA FL 33613**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3510883

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSE, BRENDA

**405 CENTRAL AVE STE 200
ST PETERSBURG FL 33701**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 **P** ☐ Delete
NAME **IPPOLITO, IAN**
STREET ADDRESS **1209 LA BRAD LANE**
CITY-ST-ZIP **TAMPA FL 33613**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **EDGINGTON, JUDI**
STREET ADDRESS **1840 MILL RUN CIRCLE**
CITY-ST-ZIP **TAMPA FL 33613**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SRVP** ☐ Delete
NAME **IPPOLITO, DAWN**
STREET ADDRESS **106 THOMPSON PARK HALL**
CITY-ST-ZIP **UNIVERSITY PARK PA 16802**

TITLE **SRVP** ☒ Change ☐ Addition
NAME **IPPOLITO, Dawn**
STREET ADDRESS **220 Viscount Ave.**
CITY-ST-ZIP **Merritt Island, FL 32953**

TITLE **VP** ☐ Delete
NAME **IPPOLITO, KIM**
STREET ADDRESS **720 THORNWICK DRIVE**
CITY-ST-ZIP **PITTSBURGH PA 15243**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **IPPOLITO, COREY**
STREET ADDRESS **1000 SOUTH ROAD APT. 3**
CITY-ST-ZIP **BELMON CA 94002**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/03 813 408 9029
Date Daytime Phone #

CR2E034 (10/02)