

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90030 007 ***150.00

DOCUMENT # P98000043411

1. Entity Name
38TH TERRACE, INC.

Principal Place of Business
**601 N. ASHLEY DR., SUITE 1200
 TAMPA FL 33602**

Mailing Address
**601 N. ASHLEY DR., SUITE 1200
 TAMPA FL 33602**

2. Principal Place of Business
~~601 N. Ashley Dr.~~
~~STE 1200~~

3. Mailing Address
601 N. Ashley Dr
Suite, Apt. #, etc.
Ste 1200

City & State
~~Tampa FL~~

City & State
Tampa FL
 Zip
33602
 Country
USA

4. FEI Number **59-3514982**

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

~~STRASKE, STEPHEN B II~~
~~101 E KENNEDY BLVD, STE 3700~~
~~TAMPA FL 33602~~

Name **Greg Hughes**
 Street Address (P.O. Box Number is Not Acceptable)
601 N. Ashley Dr.
12th Floor
 City **Tampa** FL Zip Code **33602**

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.

SIGNATURE  DATE **4/20/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDS	<input type="checkbox"/> Delete
NAME	HUGHES, GREGORY L	
STREET ADDRESS	220 E. MADISON ST. #1200	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hughes, Greg	
STREET ADDRESS	601 N. Ashley Dr. 12th FL	
CITY-ST-ZIP	Tampa FL 33602	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **President** DATE **4/23/01** DAYTIME PHONE # **813-225-1141**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)