## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 21, 2001 8:00 am Secretary of State

3222 W PALMIRA AVE TAMPA FL 33629  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or printed name of registered agent and fall apphable.  9. This corporation is eligible to satisfy its intangible  Tax filing requirement and elects to do so.  (See criteria on bock)  Tax filing requirement and elects to do so.  (See criteria on bock)  Tax filing requirement and elects to do so.  (See criteria on bock)  Tax filing requirement and elects to do so.  (See criteria on bock)  Tax filing requirement and elects to do so.  (See criteria on bock)  Tax filing requirement and elects to do so.  (See criteria on bock)  Tax filing requirement and elects to do so.  (See criteria on bock)  Tax filing requirement of State  Make Check Payable to Department of State  Make Check Payable to Department of State  MIRE Nove:  TITLE  MURPHY, PAUL T  TITLE  MURPHY, PAUL T  TAMPA FL 33606-4303  TITLE  TAMPA FL 33606-4303  TITLE  TAMPA FL 33606-4303  TITLE  TAMPA  TITLE  TAMPA  TITLE  THE  THE  THE  THE  THE  THE  THE	DOCUMENT # P980000	)58878			0042 020 ***150.00
PLANT CITY, FL 33566 PLANT CITY, FL 33566  2. Principal Place of Business  3. Making Address  Suite, Apt. R. etc.  City & State					
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Suite, Apt. #, etc.  Application of Status Desired  Societificate of Status Desired  So					Maringt
City & State  S. Country  City  Cit	2. Principal Place of Business	3. Mailing Address			
Sp - 3520246	Suite, Apt. #, etc. Suite, Apt. #, etc.		<del></del>	DO NOT WRITE IN T	HIS SPACE
Some and Address of Current Registered Agent	City & State	City & State	<del>_</del>		<del></del>
MURPHY, PAUL T 3222 W PALMIRA AVE TAMPA FL 33629  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  9. This corporation is eligible its satisfy its intangible and elects to do so.  Cise criteria on back)  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  NAME  SIRECTAORESS  OTV-51-2P  TILE  NAME  SIRECTAORESS  OTV-51-2P  TILE  Dades  TILE  NAME  SIRECTAORESS  OTV-51-2P  TILE  NAME  SIRECTAORESS  OTV-51-2P  TILE  Dades  TILE  NAME  SIRECTAORESS  OTV-51-2P  TILE  NAME  SIRECTAORESS  OTV-51-2P  TILE  Dades  TILE  NAME  SIRECTAORESS  OTV-51-2P  TILE  Dades  TILE  NAME  SIRECTAORESS  OTV-51-2P  TILE  Dades  TILE  NAME  SIRECTAORESS  OTV-51-2P  TILE  Dades  TILE  OTTORIC ACTION  TOTAL ACTIO	Zip Country	Zip	Country		
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Signature, typed or printed name of registered agent art of the if applicable. (NOTE: Registered Agent signature required when reinstating) DATE  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to 0 so.		ant for the purpose of changing	TAMPA		<u> </u>
Tax filing requirement and elects to do so.   After MAY 1, 2001 Fee will be \$550.00		istered agent and title if applicable.	. (NOTE: Registered A	Agent signature required when reinstating)	3// 9(C)
TITLE MAME STREET ADDRESS CITY - ST - ZIP TITLE MAME STREET ADDRESS CITY	Tax filing requirement and elects to do so.	After MAY 1, 200	1 Fee will be \$550.00	Trust Fund Contribution	Added to Fees
TITLE MAME STREET ADDRESS CITY - ST - ZIP TITLE MAME STREET ADDRESS CITY				ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 11
TITLE MAME STREET ADDRESS CITY - ST - ZIP TITLE MAME STREET ADDRESS CITY	MURPHY, PAUL T STREET ADDRESS 502 S. FREMONT	AVE, APT 803	NAME STREET ADORESS		AND DIRECTORS IN 11 Change Addition
MAME STREET ADDRESS CITY - ST - ZIP TITLE NAME NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	TITLE NAME STREET ADDRESS CITY - ST - ZIP		NAME STREET ADDRESS		
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NAME STREET ADDRESS CITY - ST - ZIP  TITLE NAME STREET ADDRESS CITY - ST - ZIP  TITLE 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 of the receiver or trustee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 if changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:    SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Daylime Phone #	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete	NAME STREET ADORESS		Change Addition
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