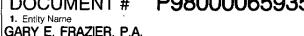
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

P98000065935 **DOCUMENT #**





FILED Jan 24, 2003 8:00 am Secretary of State

01-24-2003 90041 002 ***150.00

			No. of the last of						
Principal Place of Business 150 2ND AVENUE NORTH SUITE 910 ST. PETERSBURG FL 33701		Mailing Address P O BOX 56120 ST PETERSBURG FL 33732 US							
2. Principal Place of Business		3. Mailing Address		***	I IDDAMBU FAD	(0105 1051) 05111 00111 00		#	181 BITT (BB)
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & Stat	te	City & State		4.	4. FEI Number 59-3523213				plied For t Applicable
Zip	Country	Zip	Country	5.	Certificate of S	Status Desired	□ \$	8.75 Add	itional
, de	6. Name and Address of Current	Registered Agent		7.	Name and Ad	dress of New Reg			
-			Name —	٠.,٠			- <u> </u>	- سنڌي ۾ "عب	*-
FRAZIER, GARY E 150 2ND AVENUE NORTH SUITE 910			Street Addre	ess (P.O. I	Box Number is	Not Acceptable)		-	
ST. PETER	SBURG FL 33701		}						
			City			 ,	FL	Zip Code)
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered office or reg	istered a	gent, or both, in	the State of Florid	a. I am far	niliar with,	and accept
SIGNATURE					•				,
	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE R	egistered Agent signature red	quired when	reinstating)	学生的	DATE	THE PARTY	PE SENIO
· 通過作	ILE NOW!!!_FEE IS \$150:00	744 WILLIAM	EXOLANDA			n Campaign Finan			4 ST (ST (ST (ST (ST (ST (ST (ST (ST (ST
	May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State			J. Electic	und Contribution			0 May Be to Fees
10.	OFFICERS AND I		11:	A	DDITIONS/CH	ANGES TO OFFICE	RS AND E	DIRECTORS	IN 11
NAME STREET ADDRESS	PTSD Frazier, gary e 150 2nd ave. n., suite 910 St. Petersburgh Fl 33701	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				{	☐ Change	☐ Addition
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			2.77 97 2.3		<u>,</u>				

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:

727 8213996