2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

FILED Jun 16, 2003 8:00 am **Secretary of State**

5/2/.

Date

Daytime Phone #

SIGNATURE:

05-02-2003 90733 002 ***150.00 P98000074247 DOCUMENT # TAMPA COMMUNITY REDEVELOPMENT CORPORATION JJU486/2 Mailing Address Principal Place of Business 405 VAN REED MANOR DRIVE 405 VAN REED MANOR DRIVE BRANDON FL 33511 **BRANDON FL 33511** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. ED CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3529624 Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KOUDELA, LYNNE P Street Address (P.O. Box Number is Not Acceptable) 405 VAN REED MANOR DRIVE BRANDON FL 33511 City 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 ed agent and title If applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete -TITLE ☐ Change — ☐ Addition PRUSAK, SHIRLEY NAME NAME STREET ADDRESS. 1830 NEEDLE PALM DR STREET ADDRESS CITY-ST-ZIP **EDGEWATER FL 32132** CITY-ST-ZIP TITLE Calete TIFLE ☐ Change Addition NAME KOUDELA, CHRISTOPHER S NAME STREET ADDRESS 405 VAN REED MANOR DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRANDON FL 33511 Delete TITLE TITLE Change ☐ Addition NAME KOUDDELA, KEVIN A JR. NAME STREET ADDRESS STREET ADDRESS 405 VAN REED MANOR DR CITY-ST-ZIF CITY-ST-ZIP BRANDON FL 33511 ☐ Delete me Addition TITLE Koudela, Koudela, Lynne Lynne 405 VAN Reed manor BR NAME NAME Reed manor DR STREET ADDRESS STREET ADDRESS Brandon FI 33511 CUTY-ST-74P CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-21P Delete TITLE TID F Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 em an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Floride 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.