2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000106655 DOCUMENT



FILED Jan 15, 2003 8:00 am Secretary of State

H.A. JO	ame DINT PROPERTIES II, IN	IC.				01-15-2003 90245 (018 ***15	0.00
Principal Place of Business 100 W KENNEDY BLVD STE 720 TAMPA FL 33602 US 2. Principal Place of Business		Mailing Address 100 W KENNEDY STE 720 TAMPA FL 33602 US 3. Mailing Address	100 W KENNEDY BLVD STE 720 TAMPA FL 33602 US					
Suite, Apt. #, etc.								
		Suite, Apt. #, etc				☐ CHECK HERE IF MAKING CHANGES		
City & St	rate.	City & State	City & State		4. FEI	Number 59-3558832		Applied For
Zip Country		Zip	Coun			rtificate of Status Desired	\$8.75 Ac	
	6. Name and Address of	Current Registered Agent	·		7. Nar	ne and Address of New Registered	Fee Require	ea
4.77ADC	III TUOMAC I			Name				
	lli, thomas j (Ennedy blyd				Street Address (P.O. Box Number is Not Acceptable)			
STE 720	= =							
TAMPA F	FL 33602		City				1.	
9 The about	to named active submits to the					FI	Zip Cod	
the obliga	ations of registered agent.	ement for the purpose of chang	ing its registere	ed office or regis	stered agent	, or both, in the State of Florida. I am	familiar with,	and accept
SIGNATURE								}
SIGNATURE	Signature, typed or printed name of register	ered agent and title if applicable.	(NOTE: Registered	Agent signature requ	ired when reinsta	DATE		
	FILE NOW!!! FEE IS \$150.	.00				DATE		
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						9. Election Campaign Financing Trust Fund Contribution.		00 May Be
10,	OFFICER	RS AND DIRECTORS	11.		ADDIT	IONS/CHANGES TO OFFICERS AND	D DIRECTOR	CIN 44
TITLE	DVST	ST Delete TIT			7,0011	TOND/OHANGES TO OFFICERS AND	☐ Change	Addition
NAME STREET ADDRESS	ION W VENNERY 700		NAME	l l				7.00111011
CITY-ST-ZIP	TAMPA FL 33602	MDA EL 22602		T ADDRESS ST-ZIP				
TITLE		Delete TITLE		31-211				
NAME		Delete	NAME				Change	☐ Addition
STREET ADDRESS			STREE	T ADDRESS				İ
CITY-ST-ZIP			CITY-S	ST-ZIP				İ
TITLE NAME		☐ Delete	TITLE		••		Change	☐ Addition
STREET ADDRESS			NAME Street	ADORESS		•		
CITY-ST-ZIP		_	CITY-S					
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME Street Address			NAME				on.ungs	
CITY-ST-ZIP				ADDRESS				
TITLE			CITY-S	1-48				
NAME		☐ Delete	TITLE NAME				☐ Change	☐ Addition
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP			CITY-S					
TTLE		☐ Delete	TITLE			<u>, </u>	☐ Change	Addition

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.

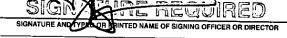
CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP



Daytime Phone #