2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013378



FILED
Mar 17, 2003 8:00 am §
Secretary of State

Type Country Zip Country 5. Certificato of Status Desired S8.75 Additional Page Regulators Agent 7. Name and Address of Current Registered Agent 7. Name and Address of Name Registered Agent 8. The above named ontity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flor ds. I am femiliar with, and acc the object of t	DASHBO	ARD MEMORIES, INC.			03-17-2003 91063 (001 ***150.00	
Suite, Apt #, etc Suite, Apt #, etc Suite, Apt #, etc City & State City & State A. FEI Number 59-3559892 Applied For New Applied F	7276 HUNT C	LUB LANE	5401 CENTRAL AVENUE	0	1	NA MARKA TAKKA ATAKA KARAKA TAKA KANA	
City & State Country S. Certificate of Status Desired S. Repealured Street Address of New Registered Agent Name MCATEE, CAROL SAINT PETERSBURG FL 33710 City City FL City City FL City FL City FL City City FL City City FL City FL City City City FL City City City FL City City City FL City City City FL City City City City City City City City FL City	2. Principal F	Place of Business	3. Mailing Address	, <u>******</u>			
Source S	Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
S. Name and Address of Current Registered Agent F. Name and Address of Name Registered Agent Name MCATEE, CAROL 5401 CENTRAL AVE SAINT PETERSBURG FL 33710 B. The above named circlity subminis 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 acc the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$\$50.00 Make Check Payable to Forioda Department of State 10.	City & State		City & State		4. FEI Number 59-3559892	Applied For Not Applicable	
MCATER, CAROL \$401 CENTRAL AVE \$AUNT PETERSBURG FL 33710 8. The above named entity authorise 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 accident the obligations of registered agent and already agent and already agent agranted agent	Zip	Country	Zip		5. Certificate of Status Desired	\$8.75 Additional	
MCATEE, CAROL \$401 CENTRAL AVE \$AINT PETERSBURG FL 33710 City FL Zip Code 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 accidence obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.		6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered	d Agent	
SAINT PETERSBURG FL 33710 S. 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 accident the obligations of registered agent. SIGNATURE Symbox Name State State	MCATEE.	CAROL					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent. Signature File Signature notated or printed remo of registered agent and file il applicable. (NOTE Registered Agent signature required when retributing) DATE	5401 CENTRAL AVE			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
8. The above named ontity 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 according to the obligations of registered agent. SIGNATURE Companie, byead or printed name of registered apent and talle if applicable. (NOTE Registered Agent signature inquised when reintaining) Date	SAINT PE	TERSBURG FL 33/10?		City		■ Zip Code	
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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:

727-320-0981