FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 21, 2002 8:00 am Secretary of State

DOCUMENT # P99000022115				05 21 2002 01102 016 ***150 00	
1. Entity Name				05-21-2002 91192 016 ***150.00	
4	eidi Conger, P.A		1		
	DO NOT WRITE		PACE		
			0.0		
•	ace of Business	3. Mailing Address	110101		
1 5 6 2 C Suite, Apt. 47 30		Suite, Apt. #, etc.	14001	DO NOT WRITE IN THIS SPA	ACE
City & State	Same I	City& State Tampa F	i_	4. FEI Number 59-3561447	Applied For Not Applicable
Zip-		_ 7in	Country.	E Configure of Status Docked	B.75 Additional
	33618 USA	33688	L WSA	7. Name and Address of Current Registered A	e Required gent
			Name \\	a: 0	
1.00	DO NOT W	RITE	Street Address	P.O. Box Number is Not Acceptable)	*
	IN THIS SP		1367	Lo Lake Magdalene Blvd	+301
		ACL	.		
			City Tan	NQa FL	Zip Code 33618
8. The above	named entity submits this statement for	the purpose of changing its	registered office or registe	red agent, or both, in the State of Florida.	
CICHATURE					
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTI	E: Registered Agent signature require	d when renstating) DATE	
A This agrée				58/57* A. 14	
•	ration is eligible to satisfy its Intangible		lay 1 Fee is \$150.00 1 Fee is \$550.00	10. Election Campaign Financing	\$5.00 May Be
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.	After May Amenda	1, Fee is \$550.00 d UBR is \$61,25	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
Tax filing r	equirement and elects to do so.	After May Amenda Make Check Payat	1, Fee is \$550.00% 💸	Trust Fund Contribution.	
Tax filing r (See criter	equirement and elects to do so. ia on back) OFFICERS AND	After May Amende Make Check Payat DIRECTORS	1, Fee is \$550.00 dUSR to \$61;25 ple to Department of \$13	Trust Fund Contribution.	Added to Fees
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13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in section 1.9.07(3)(i). Florida statutes. Therefore the property 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

- Kide / TE 101 C

4/29/02

813-787-8213

Daytime Phone #