


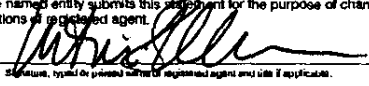

FILED

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* Amendment

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000048088			
1. Entity Name RINGER PINELLAS, INC.			
Principal Place of Business 4505 PARK BLVD PINELLAS PARK, FL 33781		Mailing Address 106 SE 41 STREET CAPE CORAL, FL 33904	
2. Principal Place of Business		3. Mailing Address 4640 Siesta Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Ft. Myers, FL	
Zip		Zip 33901	
Country		Country US	
4. FEI Number 65-0920160		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAGRAVE, PENNY 106 SE 41 STREET CAPE CORAL, FL 33904		7. Name and Address of New Registered Agent Name Victoria Monfort Street Address (P.O. Box Number is Not Acceptable) 4640 Siesta Circle City Ft. Myers FL Zip Code 33901	
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 		DATE	
SEE HOW TO FILE UBR TO FILE: May 1, 2003 Fee will be \$550.00 Annual UBR is \$25.00 Make CHECK Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS BY 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAGRAVE, PENNY 106 SE 41 STREET CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pro Victoria Monfort <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4640 Siesta Circle Fort Myers, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Robert E. Bruhl <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 824 Edgemere Lane Sarasota, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: 		Date 8-25-03 239-839-8084	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR29034 (10/02)

7/9/3