

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2000 8:00 am
Secretary of State

06-13-2000 90005 049 ***150.00

DOCUMENT # **P990000055151 R**
 1. Entity Name **ALBOSAEDA, INC.**

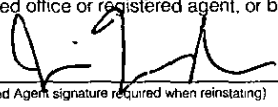
Principal Place of Business Mailing Address
14724 Pine Glen Circle 14724 Pine Glen Circle
Lutz, FL 33549 Lutz, FL 33549

2. Principal Place of Business 3. Mailing Address
501 S. Falkenburg Road 501 S. Falkenburg Rd.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
D-10 D-10
 City & State City & State
Tampa, FL Tampa, FL
 Zip Country Zip Country
33619 USA 33619 USA

DO NOT WRITE IN THIS SPACE
 4. FEI Number Applied For
59-3582527 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
James D. Mosbaugh
14724 Pine Glen Circle
Lutz, FL 33549

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
501 S. Falkenburg Road
Suite D-10
 City **Tampa** FL Zip Code **33619**

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.
 SIGNATURE **JAMES D. MOSBAUGH**  DATE **6/6/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P James D. Mosbaugh
STREET ADDRESS	501 S. Falkenburg Rd Suite D-10
CITY - ST - ZIP	Tampa, FL 33619
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	✓ Rolando Acosta
STREET ADDRESS	16872 Leclare Shores Drive
CITY - ST - ZIP	Tampa, FL 33624
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	✓ Michael J. McLeod
STREET ADDRESS	4118 Cypress Bayou Drive
CITY - ST - ZIP	Tampa, FL 33624
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	✓ Erick Grolemond
STREET ADDRESS	8658 Hunters Key Circle
CITY - ST - ZIP	Tampa, FL 33647
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	✓ Julie A. Joffre
STREET ADDRESS	10080 Autry Mill Road
CITY - ST - ZIP	Alpharetta, GA 30022
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S Patricia M. Rimas
STREET ADDRESS	863 Picketts Ridge
CITY - ST - ZIP	Acworth, GA 30101

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JAMES D. MOSBAUGH**  DATE **6/6/00** DAYTIME PHONE # **813-685-1600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)