

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90073 021 ***150.00

DOCUMENT # P99000056848

1. Entity Name
1098, INC.

Principal Place of Business
**6219 PALMER DEL MAR #104
 ST PETERSBURG FL 33715**

Mailing Address
**6219 PALMER DEL MAR #104
 ST PETERSBURG FL 33715**

2. Principal Place of Business
17765 Esprit Dr.
 Suite, Apt. #, etc.

3. Mailing Address
17765 Esprit Dr.
 Suite, Apt. #, etc.

City & State
Tampa FL

City & State
Tampa FL

4. FEI Number
59-3584825

Applied For
 Not Applicable

Zip
33647

Country
US

Zip
33647

Country
US

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**O'CONNOR, PATRICK M
 2240 BELLEAIR ROAD STE 160
 CLEARWATER FL 33764**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	ANSEL, DAVID W
STREET ADDRESS	6219 PALMER DEL MAR #104
CITY-ST-ZIP	ST PETERSBURG FL 33715
TITLE	D <input type="checkbox"/> Delete
NAME	HALL, TERRI B
STREET ADDRESS	6219 PALMER DEL MAR #104
CITY-ST-ZIP	ST PETERSBURG FL 33715
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	17765 Esprit Dr.
CITY-ST-ZIP	Tampa FL 33647
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	17765 Esprit Dr.
CITY-ST-ZIP	Tampa FL 33647
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *TERRI B. HALL* **TERRI B. HALL** Director

(813)994-0038

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/99)