

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

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90241 001 \*\*\*150.00

<b>DOCUMENT # P99000058263</b> 1. Entity Name <b>330 E. FOWLER, INC.</b>			
<b>DO NOT WRITE IN THIS SPACE</b>			
2. Principal Place of Business <b>330 E. FOWLER</b> Suite, Apt. #, etc.		3. Mailing Address <b>25 SECOND STREET NORTH</b> Suite, Apt. #, etc. <b>STE. 220</b>	
City & State <b>TAMPA, FL</b>		City & State <b>ST. PETERSBURG, FL</b>	
Zip <b>33612</b>	Country	Zip <b>33701</b>	Country
4. FEI Number <b>59-3588909</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
7. Name and Address of Current Registered Agent			
Name <b>MCCURLEY, JANETTE M</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>100 2ND. AVE., SOUTH, STE. 704</b>			
City <b>ST. PETERSBURG</b>			
FL		Zip Code <b>33701</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 <b>Make Check Payable to Department of State</b>	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>11. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P/T TYLER, DEAN H 310 COFFEE POT RIVIERA NE ST. PETERSBURG, FL 33704</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V/S WHEELER, GARY 7810 10TH AVE. S. ST. PETERSBURG, FL 33707</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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<b>DO NOT WRITE IN THIS SPACE</b>			
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.			
<b>SIGNATURE:</b>		<b>DEAN TYLER</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>4/22/02</b>	Daytime Phone # <b>727-571-1040</b>

CR2E034B (12/01)