## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000108396 DHONDA DAMOS DA

## FILED Apr 20, 2000 8:00 am Secretary of State

					04-20-2000 900	083 008 *	150	.00
Principal Place	e of Business	Mailing Address						
1222 INTERLAKE DR. TAMPA FL 33624		4222 INTERLAKE DR. Tampa Fl 33624			1100288800			
2 Principal P	lace of Rusiness	3. Mailing Address						
2. Principal Place of Business				_				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN	I THIS SPAC	E	
City & State		City & State			4. FEI Number Applied For S9-3612797 Not Applicate			
Zip	Country	Zip	Country				<b>75</b> Add Requires	
	6. Name and Address of Current R	legistered Agent		7. Nai	me and Address of New Regis			
			Name					
	os, rhonda a Interlake dr.	Street Addres		s (P.O. Box Number is Not Acceptable)				
TAMF	PA FL 33624				111		7in Cod	
			City			FL	Zip Code	e 
8. The above	named entity submits this statement for	the purpose of changing its	registered office or regis	stered agent	t, or both, in the State of Florida			
SIGNATURE _	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOT	E: Registered Agent signature req	uired when reins	iating)	DATE		
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 Stat			10. Election Campaign Financ	ing		<b>0</b> мау Ве
_	A.1				Trust Fund Contribution.		Added	to Fees
(See criter	ria on back)	Make Check Payat		State	Trust Fund Contribution.  TIONS/CHANGES TO OFFICEI			
-	A.1	Make Check Payat	ole to Department of	State		RS AND DIR		
(See criter	OFFICERS AND D  RAMOS, RHONDA A	Make Check Payat	12. TITLE NAME	State		RS AND DIR	ECTOR	5 IN 11
(See criter  11.  TITLE  NAME  STREET ADDRESS	OFFICERS AND E RAMOS, RHONDA A 4222 INTERLAKE DR.	Make Check Payat	12. TITLE NAME STREET ADDRESS	State		RS AND DIR	ECTOR	5 IN 11
(See criter  11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AND D  RAMOS, RHONDA A	Make Check Payat DIRECTORS  Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	State		RS AND DIR	ECTORS Change	S IN 11
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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: PHONON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR