## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 28, 2002 8:00 am § Secretary of State **DOCUMENT #** S40501 1. Entity Name 05-28-2002 91540 015 \*\*\*550.00 54561 CORPORATION Principal Place of Business Mailing Address 1917 NORTH A ST P.O. BOX 20071 TAMPA FL 33606 TAMPA FL 33622 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3062078 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BIAS, MARK Street Address (P.O. Box Number is Not Acceptable) 1917 NORTH A ST TAMPA FL 33606 City Zip Code FL 8. The above named eatity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE ed 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (9/01) ☐ Delete TITLE ☐ Addition Change NAME BIAS, MARK S NAME STREET ADDRESS 1917 N A STREET STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-7IP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME WEST. C. P. NAME STREET ADDRESS STREET ADDRESS 1917 N A STREET CITY-ST-7IP CITY-ST-ZIP TAMPA FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP, CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 lates like empowered.

SIGNATURE:

FILED