2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

961019

DOCUMENT #

FILED Jun 09, 2003 8:00 am Secretary of State 05-19-2003 90203 039 ***550.00

1. Entity Nam FLORIDA , INC.	ne	TE OF NATURAL HI	(\	BAY				
Principal Place of Business 4908-A CREEKSIDE DR			Mailing Address 4908-A CREEKSIDE DR			44003817		
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CLEARWATER FL 33760			CLEARWATER FL 33760 US					
US 2. Principal Place of Business			3. Mailing Address				<u>. l </u>	
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Suite, Apt. #, etc.			Suile, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State		4. FEI Number 59-3073724		Applied For Not Applicable	
Zip Country		Zip 			5. Certificate of Status Desired			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
DAY DEBODAY A					Name			
RAY, DEBORAH A			Street Address (P.O. Box Number is Not Acceptable)			
4908 CREEKSIDE DR SUITE A					 			
	TEB EL 227	ten		,	<u> </u>			
CLEARWATER FL 33760					City		FL Zip	Code
	named entiti tions of regist)	-	ed office or register	ed agent, or both, in the State of Florida.	. I am familiar v	with, and accept
SIGNATURE Signature, typed or printed name of registeres agent and algor applicable. (NOTE: Registered Agent signature required when reinstating) UATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								
Afte	r May 1, 200	13 Fee will be \$550.00	State			Election Campaign Financi Trust Fund Contribution.	~ ~	5.00 May Be dded to Fees
Afte	r May 1, 200 k Payable to	13 Fee will be \$550.00	DIRECTORS	11.		1 , -	A	dded to Fees
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED_

727.573-3715