

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90743 040 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

| | | | | | |
|---|---|--|--|---|--|
| DOCUMENT # V14403 1. Entity Name BBi OF TAMPA, INC. | | | | 90123160 | |
| Principal Place of Business 5414 N. 56TH ST TAMPA, FL 33610 US | | Mailing Address BBi OF TAMPA 5414 N 56TH ST TAMPA, FL 33610 US | | <input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES | |
| 2. Principal Place of Business 4416 N. MANHATTAN AVE Suite, Apt. #, etc. | | 3. Mailing Address 4416 N. MANHATTAN AVE Suite, Apt. #, etc. | | | |
| City & State TAMPA FL Zip 33614 Country USA | | City & State TAMPA FL Zip 33614 Country USA | | | |
| 4. FEI Number 59-3097295 | | Applied For <input type="checkbox"/> Not Applicable | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BOTTS, ROSELYN M. 3219 BAYSHORE BLVD., N.E. ST. PETERSBURG, FL 33703 | | 7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Roselyn M. Botts</u> DATE: <u>4/30/03</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when initiating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BOTTS, ROSELYN M 3219 BAYSHORE BLVD NE ST PETERSBURG, FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 3 BOTTS LINDA N 2634 ROLLING BROAK DR. ORLANDO, FL 32837 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BOTTS, JEFFREY W 2634 ROLLING BROAK DR ORLANDO, FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BOTTS LINDA N. 2634 ROLLING BROAK DR ORLANDO, FL 32837 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. 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: <u>Roselyn M. Botts</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | DATE: <u>4/30/03</u> <small>Daytime Phone #</small> | | |

ROSELYN M. BOTTS

CR2E034 (1/0/02)