FILED

Apr 14, 2003 8:00 am Secretary of State

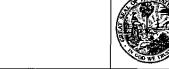
04-14-2003 90072 011 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

V63868 DOCUMENT #

1. Entity Name

SIGNATURE



MORRIS FONTE & SONS, INC. Principal Place of Business Mailing Address 614 S HOWARD AVE. 614 S HOWARD AVE TAMPA FL 33606 TAMPA FL 33606 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Nu Zip Country Zip Country 5. Certific 6. Name and Address of Current Registered Agent 7. Name

☐ CHECK HERE I	F MAKII	NG CHAN	GES
mber 59-3157611			Applied For
3 3 3 13 (0 1			Not Applicable
cate of Status Desired		\$8.75 Fee Red	Additional puired
and Address of New Re	egistere	d Agent	

101 EAST KENNEDY BOULEVARD SUITE 3700 TAMPA FL 33602-0000	City FL Zi	p Code
R. JAMES ROBBINS, JR,	Street Address (P.O. Box Number is Not Acceptable)	
Land to the second to the seco	Name	- 4

8.	The above named	entity submits this stat	ement for the purpose	e of changing its register	ed office or registered age	ent, or both, in the State	e of Florida. I am t	amiliar with, and accept
	the obligations of re	registered agent.						

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10.	OFFICERS	AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
STREET ADDRESS	V FONTE, DENNIS 2813 ANGELES TAMPA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
STREET ADDRESS	V Fonte, ronald a 614 S Howard Ave Tampa Fl 33606	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filling 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

SIGNATURE:

Daytime Phone #