

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

<b>DOCUMENT # 483548</b> 1. Entity Name <b>EFFECTIVENESS, INC.</b>		
Principal Place of Business 206 S OCCIDENT ST SUITE 107 TAMPA, FL 33609 US		Mailing Address P.O. BOX 25936 P.O. BOX 25936 TAMPA, FL 33622 US
2. Principal Place of Business 4350 W. CYPRESS ST Suite Apt. #, etc. Suite 434 City & State TAMPA FL Zip 33609	3. Mailing Address State, Apt. #, etc. City & State Zip Country	
4. FEI Number 59-1616872		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 MOORE, ROBERT B 206 S. OCCIDENT STREET TAMPA, FL 33609		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4202 W CLEVELAND ST City TAMPA FL Zip Code 33609
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: <small>Signature typed on reverse form of registered agent and with 2 approvals. (FCRE Registered Agent's printed name required when submitting)</small>		DATE: 4/29/03
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:
TITLE PD <input type="checkbox"/> Delete NAME MOORE, ROBERT B STREET ADDRESS 206 S. OCCIDENT ST. CITY-ST-ZIP TAMPA, FL 33609	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 4202 W. CLEVELAND ST STREET ADDRESS CITY-ST-ZIP TAMPA FL 33609	CR2E034 (1/0/02)
TITLE D <input type="checkbox"/> Delete NAME MOORE, PAUL A. STREET ADDRESS 29034 LANDBRIDGE STREET CITY-ST-ZIP WESLEY CHAPEL, FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE VD <input type="checkbox"/> Delete NAME MOORE, LYN STREET ADDRESS 206 S. OCCIDENT ST. CITY-ST-ZIP TAMPA, FL 33609	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 4202 W CLEVELAND ST STREET ADDRESS CITY-ST-ZIP TAMPA FL 33609	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied on this filing 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 title empowered.		
SIGNATURE: <small>SIGNATURE AND TITLE OR POWER OF ATTORNEY OF REGISTERED OFFICER OR DIRECTOR</small>		DATE: 4/29/03 813-286-7320

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CHECK HERE IF MAKING CHANGES