


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

FILED
Sep 19, 2003 8:00 am
Secretary of State

09-08-2003 90127 012 ***550.00

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DOCUMENT # P00000040055			
1. Entity Name MCPHERSONS ATLANTIC INC.			
Principal Place of Business 2609 S. ORANGE AVENUE ORLANDO FL 32806		Mailing Address 2609 S. ORANGE AVENUE ORLANDO FL 32806	
2. Principal Place of Business 1219 E. PINE AVENUE		3. Mailing Address 1219 E. PINE AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ORLANDO FL		City & State ORLANDO FL	
Zip 32824		Country USA	
4. FEI Number 58-2538856		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 S.W. 22 STREET 4TH FLOOR MIAMI FL 33145		7. Name and Address of New Registered Agent Name: LAWRENCE A. MOTZEL Street Address (P.O. Box Number is Not Acceptable): 1219 E. PINE AVENUE City: ORLANDO FL Zip Code: 32824	
9. 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: <i>[Signature]</i> DATE: 9-4-03 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 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	PD MCPHERSON, DRU 2609 S. ORANGE AVENUE ORLANDO FL 32806 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LAWRENCE A. MOTZEL 1219 E. PINE AVENUE ORLANDO FL 32824 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ABDY, DAVID 2609 S. ORANGE AVENUE ORLANDO FL 32806 <input checked="" 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	<input 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: <i>[Signature]</i> REQUIRED		Date: 9-4-03	Daytime Phone #: 407-888-4978

CR2E034 (4/03)