

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90197 002 ***150.00

0492393 AV

DOCUMENT # P01000117735

1. Entity Name
DAYBAR SOUTHEAST SERVICE CENTER, INC.



Principal Place of Business
**13837 US HWY. 19 N.
CLEARWATER FL 33764**

Mailing Address
**13837 US HWY. 19 N.
CLEARWATER FL 33764**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 30-0014948		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
PLATTE, DAVID E 603 INDIAN ROCKS RD. BELLEAIR FL 33756				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOLFE, ROBERT JR			NAME			
STREET ADDRESS	1218 WELLINGTON DR.			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33764			CITY-ST-ZIP			
TITLE	ST	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DODSON, MARK			NAME			
STREET ADDRESS	80 QUEBEC AVE #504			STREET ADDRESS			
CITY-ST-ZIP	TORONTO, ON CANADA M6P 4B7			CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	Secretary/Treasurer	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOLFE, MICHEKE			NAME	<i>Michele Wolfe</i>		
STREET ADDRESS	1218 WELLINGTON DR			STREET ADDRESS	<i>1218 Wellington Dr.</i>		
CITY-ST-ZIP	CLEARWATER FL 33764			CITY-ST-ZIP	<i>Clearwater, FL 33764</i>		
TITLE		<input type="checkbox"/> Delete		TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	<i>G.R. Wolfe, Sr.</i>		
STREET ADDRESS				STREET ADDRESS	<i>8977 Eagle's Ridge Dr</i>		
CITY-ST-ZIP				CITY-ST-ZIP	<i>Jallahassee, FL 32312</i>		
TITLE		<input type="checkbox"/> Delete		TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	<i>Mark Dodson</i>		
STREET ADDRESS				STREET ADDRESS	<i>80 Quebec Ave. #504</i>		
CITY-ST-ZIP				CITY-ST-ZIP	<i>Toronto, ON Canada M6P 4B7</i>		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *Michele Wolfe* **Michele Wolfe** 2/3/03 727-535-8533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)