

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

DOCUMENT # P02000090268 1. Entity Name AL E. GATORS PUB, INC.			10091453
Principal Place of Business 320 DORA DRAWDY WAY MOUNT DORA, FL 32757		Mailing Address 320 DORA DRAWDY WAY MOUNT DORA, FL 32757	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 8431 Orange Blossom Rd Suite, Apt. #, etc.	
City & State Hwney-in-the-his FL		4. FEI Number 37-1439629	
Zip 34737		Country USA	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input checked="" type="checkbox"/> \$8.75 Additional Fee Required.	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1640 SW 22ND ST. 4TH FLOOR MIAMI, FL 33146		7. Name and Address of New Registered Agent Name: Theresa Daves Street Address (P.O. Box Number, is Not Acceptable): 8431 Orange Blossom Rd. City: Hwney-in-the-his FL Zip Code: 34737	
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, the registered agent. SIGNATURE: <i>Theresa Daves</i> DATE: 4-24-03			
FILE NOW! FEE IS \$150.00 After May 1, 2003, fee will be \$250.00 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 PSTD NAME SIBILRUD, TERRY STREET ADDRESS 320 DORA DRAWDY WAY CITY-ST-ZIP MOUNT DORA, FL 32757	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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
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 information.			
SIGNATURE: <i>[Signature]</i>		DATE: 4/18/03	

CRREC034 (10/02)