

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000103651

FILED
May 01, 2003
Secretary of State

Entity Name: PROPERTY REHABBERS, INC.

Current Principal Place of Business:

P.O.BOX 642
LUTZ, FL 33549

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 642
LUTZ, FL 33549

New Mailing Address:

FEI Number: 16-1629867 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCLAIN, ARLENE
6631 CEDRO CT
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WYCHE, BARRY
Address: P.O.BOX 642
City-St-Zip: LUTZ, FL 33549

Title: V () Delete
Name: SLOAN, CHARLES
Address: P.O.BOX 642
City-St-Zip: LUTZ, FL 33549

Title: S () Delete
Name: DEVAGUPTATU, RAVI
Address: P.O.BOX 642
City-St-Zip: LUTZ, FL 33549

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Change (X) Addition
Name: MCCLAIN, ARLENE E
Address: 6631 CEDRO CT
City-St-Zip: JACKSONVILLE, FL 32222

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARLENE E MCCLAIN

RA

05/01/2003

Electronic Signature of Signing Officer or Director

_____ Date