2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P93000085568

City-St-Zip:

APOPKA, FL 32712 US

Entity Name: MARTIN CHAUFFE TECHNOLOGY, INC

FILED Apr 28, 2003 Secretary of State

y	101/11/11/11/11/11/11/11/11/11/11/11/11/				
Current P	rincipal Plac	e of Business:	New Principal	New Principal Place of Business:	
301 E PINE ST SUITE 150 ORLANDO, FL 32801 US				7208 HAWKSNEST BLVD ORLANDO, FL 328355162 US	
Current Mailing Address:			New Mailing A	New Mailing Address:	
P.O. BOX 3546 ORLANDO, FL 328023546 US				7208 HAWKSNEST BLVD ORLANDO, FL 328355162 US	
FEI Number:	: 59-3212374	FEI Number Applied For()	FEI Number Not Applicabl	e () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Add	Name and Address of New Registered Agent:	
MARTIN, JASPER R 7283 HAWKSNEST ORLANDO, FL 32835 US			7208 HAWKSN	CHAUFFE, ROBERT P 7208 HAWKSNEST BLVD ORLANDO, FL 328355162 US	
	named entity of Florida.	submits this statement for the p	ourpose of changing its re	gistered office or registered agent, or both,	
SIGNATURE: ROBERT P CHAUFFE				04/28/2003	
	Electro	nic Signature of Registered Ag	ent	Date	
	mpaign Financii S AND DIRE	ng Trust Fund Contribution(). CTORS:	ADDITIONS/C	HANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (MARTIN, JASI 7283 HAWSK ORLANDO, FI	NEST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (CHAUFFE, RO 7208 HAWKS ORLANDO, FI	NEST BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	D (. GILLETTE, M. 544 MAJESTI		Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: ROBERT P CHAUFFE OFF 04/28/2003