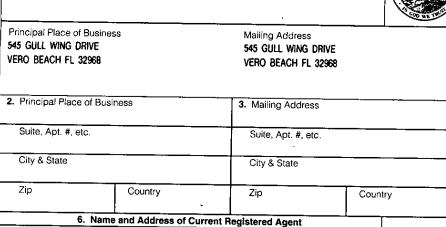
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

D(

FILED Feb 25, 2003 8:00 am Secretary of State

02-25-2003 90120 009 ***150.00

DOCUMENT # 1. Entity Name	P97000005674	S. S.	3
OVER EXPOSURES, INC			
_		"	600 WE 19



☐ CHECK HERE IF MAKING CHANGES

Not Applicable \$8.75 Additional

Fee Required

Zip Code

Applied For

6. Name and Address of Current Registered Agent

MILLER, CARL A 545 GULL WING DRIVE VERO BEACH FL 32968

	/. Name a	and Address of New Register	ed Agent	
Name		ر مجمعید در ا		
Street Addres	ss (P.O. Box Nur	mber is Not Acceptable)		*-
				

59-3437846

4. FEI Number

5. Certificate of Status Desired

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.

City

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

> FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be

Make Chec	k Payable to Florida Department of State			Trust Fund Contribution. Added to	Fees
10.	OFFICERS AND DIRECTO	RS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	d 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, CARL A 545 GULL WING DRIVE VERO BEACH FL 32968	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Addition
NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, DONNA M 545 GULL WING DRIVE VERO BEACH FL 32968	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐	Addition
TITLE		☐ Delete	TITLE	☐ Change ☐	1 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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/03