2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

P02000111319

1. Entity Name

I DO IT ALL, INC.

SIGNATURE)



FILED Apr 04, 2003 8:00 am \$ Secretary of State ,

Surie, Apr. #, etc. Sulfo, Apr. #, etc. Sulfo, Apr. #, etc. City & State 4. FEI Number CM3 - 048 74410 Applicable Applicable City & State 5. Contrict Country Zip Country Zip Country S. Contrict of Status Desired \$8.75 Addition \$8.75 Addition	SUNRISE FL 33	e of Business MANOR 3351	5	Mailing Address 1470 NW 33RD MANOR SUNRISE FL 33351			}][[]
City & State City & State City & State City & State Country C	2. Principal P	lace of Business	3.	Mailing Address			
Country Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional \$8.75 Addi	Suite, Apt. #, etc.			Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
Secretary Secr	City & State			City & State			
TSCHADA, GERADETTE T 9470 NW 39RD MANOR SUNRISE FL 33351 City FL Zip Code City FL	Zip	Count	ry	Zip	Country	5. Certificate of Status Desired \$8.75 Additional	
TSCHADA, GERADETTE-T 9470 NW 38RD MANOR SUNRISE FL 33351 City FL Zip Code SIGNATURE PAGE TO provide named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the code of registered agent, or both, in the State of Florida. I am familiar with, and accept the code of Florida agent, and the code of Florida agent, or both, in the State of Florida. I am familiar with, and accept the code of Florida agent, and accept the code of Florida agent, or both, in the State of Florida. I am familiar with, and accept the code of Florida agent, or both, in the State of Florida. I am familiar with, and accept the code of Florida agent, or both, in the State of Florida. I am familiar with, and accept the code of Florida agent, or both, in the State of Florida. I am familiar with, and accept the code of Florida agent, or both, in the State of Florida. I am familiar with, and accept the code of Florida agent, or both, in the State of Florida. I am familiar with, and accept the code of Florida agent, or both, in the State of Florida. I am familiar with, and accept the code of Florida agent, or both, in the State of Florida. I am familiar with, and accept the code of Florida agent, or both, in the State of Florida. I am familiar with, and accept the code of Florida agent, or both, in the State of Florida. I am familiar with, and accept the code of Florida agent, or both, in the State of Florida agent, or both, in the State of Fl	6. Name and Address of Current			stered Agent		7. Name and Address of New Registered Agent	
9470 NW 33RD MANOR SUNRISE FL 33351 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. It am farmillar with, and accept the obligations of registered agent. SIGNATURE Title NOW!!! FEE IS \$150.00					Name	•	
SUNRISE FL 33351 The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. SIGNATURE Speakur, hond or primed here of registered depot and life if explosable. (NOTE Registered Agent signature recurred when re-installing) After May 1, 2003 Fee will be \$550.00 Added to Fees will be \$550.00 After May 1, 2003 Fee will be \$550.00 After May 1,	•			سلون يفير ما مسام	Street Addre	ss (P.O. Box Number is Not Acceptable)	
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B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent. SIGNATURE TILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 INLE OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 INLE OFFICERS AND DIRECTORS IN 1 INLE OR SCHADA, GERADETTE T STREET AUDRESS CITY-S1-2P ITTLE OR Delde ITTLE NAME STREET AUDRESS CITY-S1-2P OR STREE	SUNRISE F	FL 33351					
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12. I hereby certify that the information supplied with this filling 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.