

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90243 036 \*\*\*150.00

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

DOCUMENT # **177842 ✓**  
 1. Entity Name  
**FLORIDA LIFT SYSTEMS, INC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>115 S 78th St.</b> Suite, Apt. #, etc.	3. Mailing Address <b>115 S 78th St</b> Suite, Apt. #, etc.
City & State <b>Tampa, Fl.</b>	City & State <b>Tampa, Fl</b>
Zip <b>33619</b>	Zip <b>33619</b>
Country <b>USA</b>	Country <b>USA</b>

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-0712619</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE  
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <b>J Jeffrey Fischer</b>
Street Address (P.O. Box Number is Not Acceptable) <b>115 S 78th St</b>
City <b>Tampa</b> <b>FL</b> Zip Code <b>33619</b>

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.

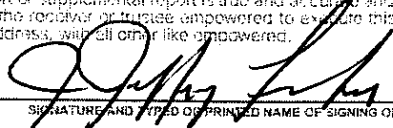
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when registering)  
 DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1 Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>P            Fischer, J. Jeffrey            115 S. 78th St            Tampa, Fl. 33619</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ _____ _____ _____
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4-23-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)