2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) G93602 **DOCUMENT #**

1. Entity Name



FILED
Mar 17, 2003 8:00 am §
Secretary of State
03-17-2003 90054 017 ***150.00



Winter Park FL Winter Park FL 3207 89 Country 3.07 89 Country 5. Certificate of Status Desired 58.75 Additions Fee Required Fee Require				VICES, INC.	A-J TITLE SERVICES
Suite, Apt. #, etc. Suite, Ap			04 WRIGHT AVENUE 04 WRIGHT AVENUE	E 270 E 270	2704 WRIGHT AVENUE 2704 WRIGHT AVENUE
Not App Secret Address of Current Registered Agent Secretificate of Status Desired \$8.75 Additions Secret Agent Secret Agent Secret Address of New Registered Agent Street Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Bo		nt Ave	704 Wrigh	ight Ave 12-	2704 Wright
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name Cecilia D. Catvon Street Address (P.O. Box Number is Not Acceptable) 18. 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 a the obligations of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT ILE NAME PVS CATRON, CECILIA D CHANGE TITLE TITLE TO CATRON, CECILIA D CHANGE CATRON, CECILIA D CHANGE CATRON, CECILIA D CHANGE CATRON, CECILIA D CHANGE CATRON, CECILIA D CATRON, CECILIA D CATRON, CECILIA D CHANGE C	4. FEI Number 59-2407091 Applied For Not Applicable	< FL		ark FL W	Winter Park
CECILIA D CATRON 2704 WRIGHT AV ORLANDO FL 32803 Street Address (P.O. Box Number is Not Acceptable) 27 of Wright Ave City Whiter Pank FL Zip Code 32. 8. 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 a the obligations of registered agent and ette if applicable SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE NAME CATRON, CECILIA D STREET ADDRESS CATRON, CECILIA D STREET ADDRESS CATRON, CECILIA D CATRON, CECILIA D CATRON, CECILIA D Delete TITLE TD CATRON, CECILIA D Delete TITLE NAME CATRON, CECILIA D Delete TITLE TD CATRON, CECILIA D Delete TITLE TD CATRON, CECILIA D Delete TITLE NAME CATRON, CECILIA D Delete TITLE TD CATRON, CECILIA D Delete	Fee Required	Country	2189	3	32789
CECILIA D CATRON 2704 WRIGHT AV ORLANDO FL 32803 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 a the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	7. Name and Address of New Hegistered Agent	Namo	ered Agent	Name and Address of Current Register	6. Name an
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or 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.

SIGNATURE: