2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# J48784

FILED Mar 28, 2003 Secretary of State

Entity Name: INTERNATIONAL SERVICE CENTER, INC.

Current Principal Place of Business: New Principal Place of Business: 3106 TAMIAMI TRL N. 1185 IMMOKALEE RD **BOX 264** SUITE 110 NAPLES, FL 33940 NAPLES, FL 34110 **Current Mailing Address: New Mailing Address:** 157 JOHN ALLEY RD 157 JOHN ALLEY RD LANSING, NC 28643 LANSING, NC 28643 US US FEI Number: 59-2787579 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COX, JOE COX, JOE 1185 IMMOKALEE RD 3001 N TAMIAMI TRAIL NAPLES, FL 34103 SUITE 110 NAPLES, FL 34110 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: COX JOE 03/28/2003 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition SCOTT, GARY Name: Name: 157 JOHN ALLEY RD Address: Address: City-St-Zip: LANSING, NC 28643 City-St-Zip: () Delete Title: Title: () Change () Addition Name: SCOTT, MERRI Name: 157 LITTLE HORSE PATH Address: Address: LANSING, NC 28643 City-St-Zip: City-St-Zip:

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 Statutés. 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.

Ρ SIGNATURE: GARY SCOTT 03/28/2003