

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

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91598 017 ***150.00

DOCUMENT # J77920
1. Entity Name
DESCHAMPS-BERNIER, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 17700 HANNA ROAD Suite, Apt. #, etc.	3. Mailing Address 17700 HANNA ROAD Suite, Apt. #, etc.
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City & State LUTZ FL	City & State LUTZ FL
Zip 33549	Country
Zip 33549	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2815656	Applied For Not Applicable
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**DO NOT WRITE
IN THIS SPACE**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name DIANNE M FINN
Street Address (P.O. Box Number is Not Acceptable) 17700 HANNA ROAD
City LUTZ
State FL
Zip Code 33549

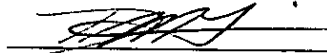
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DIANNE FINN 17700 HANNA ROAD LUTZ FL 33549	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:  DIANNE FINN Date: 4/30/02 Daytime Phone #: 813-948-0700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)