




**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2003 8:00 am
Secretary of State

05-21-2003 90191 039 ***150.00

DOCUMENT # J85408			
1. Entity Name ALL YACHTS SURVEYING SPECIALISTS, INC.			
Principal Place of Business 1022 W. S.R. 436 STE. 1012 ALTAMONTE FL 32714 US		Mailing Address % GLEN HORNE P.O. BOX 160502 ALTAMONTE SPRINGS FL 32716-0502 US	
2. Principal Place of Business 6439 ENGRAM Rd. Suite, Apt. #, etc.		3. Mailing Address 6439 ENGRAM Rd. Suite, Apt. #, etc.	
City & State NEW SMYRNA BCH, FL		City & State NEW SMYRNA BCH, FL	
Zip 32169	Country Volusia	Zip 32169	Country Volusia
4. FEI Number 59-2833396		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent HORNE, GLEN 9064 GREENBROOK CT ORLANDO FL 32810		7. Name and Address of New Registered Agent Name HORNE, GLEN Street Address (P.O. Box Number is Not Acceptable) 6439 ENGRAM RD. City NEW SMYRNA BCH, FL Zip Code 32169	
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 accept the obligations of registered agent.			
SIGNATURE 		DATE 4/23/03	
SIGNATURE, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-registering)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HORNE, GLEN 9064 GREENBROOK CT ORLANDO FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			HORNE, GLEN 6439 ENGRAM RD. NEW SMYRNA BCH, FL 32169
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE 4/23/03 386423-119	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/02)