2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K49823

1. Entity Name

TRU-FAB, INC., FLORIDA



FILED Feb 24, 2003 8:00 am Secretary of State 02-24-2003 90168 047 ***150.00

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Suite, Apt. #, etc. Suite, Apt. #, etc. Giv & State 4. FEI Number GP-2945532 App. Not. Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Andro - 9. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JONES, JOHN S. Street Address (P.O. Box Number is Not Acceptable) Sirvest Address (P.O. Box Number is Not Acceptable) City F.L. Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am tamiliar with, an the obligations of registered agent and site & estatement and site & estatement for the purpose of changing its registered agent, or both, in the State of Florids. I am tamiliar with, an the obligations of registered agent, or both, in the State of Florids. I am tamiliar with, an an advantage of the control of the purpose of changing its registered agent, or both, in the State of Florids. I am tamiliar with, an an advantage of the control of the control of the purpose of changing its registered agent, or both, in the State of Florids. I am tamiliar with, an an advantage of the control of the control of the purpose of changing its registered agent, or both, in the State of Florids. I am tamiliar with, an an advantage of the control of the control of the purpose of changing its registered agent, or both, in the State of Florids. I am tamiliar with, an an advantage of the control of the control of the purpose of changing its registered agent, or both, in the State of Florids. I am tamiliar with, an an advantage of Florids. I am tamiliar with, an an advantage of Florids. I am tamiliar with, an an advantage of Florids. I am tamiliar with, an an advantage of Florids. I am tamiliar with, an an advantage of Florids. I am tamiliar with, an an advantage of Florids. I am tamiliar with, an advantage of Florids. I am	% JOHN S. JONES 3729 FRONTAGE ROAD NORTH			% JOHN \$ 3729 FROI	% JOHN S. JONES 3729 FRONTAGE ROAD NORTH					BIBN TIDN BIBN BIBN	115 /1 118/1 118/	
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B. 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, an the obligations of registered agent. SIGNATURE Symuluro, typac or printed name of registered agent and site if applicable. (NOTE Registered Agent separative required when received whe	• •								. 1			
Inter collegations of registered agent. Signature						1				T		
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 II ITILE NAME JONES, JOHN S. 141 FERNERY RD F-6 LAKELAND FL JONES, JOHN S 212 LAKE GIBSON LANE LAKELAND FL-33810- Delete NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	the obliga	itions of regist	ered agent.		-						, and accept	
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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: