

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90178 047 ***150.00

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DOCUMENT # L68089

1. Entity Name
ENVIRONMENTAL DATA SYSTEMS CORPORATION



Principal Place of Business
**793 NE DIXIE HWY
791 NE DIXIE HWY
JENSEN BEACH FL 34957
US**

Mailing Address
**P O BOX 338
791 NE DIXIE HWY
JENSEN BEACH FL 34958
US**



2. Principal Place of Business
2951 S.E. 62ND PLACE

3. Mailing Address
P.O. Box 248

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
GULF HAMMOCK FL

City & State
GULF HAMMOCK FL

4. FEI Number **65-0189956** Applied For
 Not Applicable

Zip **32639** Country **US**

Zip **32639** Country **US**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAYES, MARYANN M.
100 SPRINGHILL DR.
JENSEN BEACH FL 34957**

Name
Street Address (P.O. Box Number is Not Acceptable)
2951 S.E. 62ND PLACE
City **GULF HAMMOCK FL** Zip Code **32639**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** Delete
NAME **HAYES, GEORGE**
STREET ADDRESS **100 SPRINGHILL DR.**
CITY-ST-ZIP **JENSEN BEACH FL**

TITLE **PT** Change Addition
NAME **GEORGE HAYES**
STREET ADDRESS **2951 S.E. 62ND PLACE**
CITY-ST-ZIP **GULF HAMMOCK FL**

TITLE **VS** Delete
NAME **HAYES, MARYANN M.**
STREET ADDRESS **100 SPRINGHILL DR.**
CITY-ST-ZIP **JENSEN BEACH FL**

TITLE **VS** Change Addition
NAME **MARYANN M. HAYES**
STREET ADDRESS **2951 S.E. 62ND PLACE**
CITY-ST-ZIP **GULF HAMMOCK FL 32639**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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TITLE Delete
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TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **MARYANN M. HAYES** 4/30/03 352-4862073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)