2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N0000003588

Entity Name: FLORIDA LYME DISEASE NETWORK, INC.

FILED Sep 13, 2002 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
1930 FAIRVIEW SHORES DR. ORLANDO, FL 328041136				2330 VIRGINIA DRIVE ORLANDO, FL 32803			
Current Mailing Address:				New Mailing Address:			
1930 FAIRVIEW SHORES DR. ORLANDO, FL 328041136				2330 VIRGINIA DRIVE ORLANDO, FL 32803			
FEI Number	: 59-3709256	FEI Number Applied For()	FEI Nur	mber Not Appl	licable ()	Certificate of Status I	Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
LODGE, MARVINA 1930 FAIRVIEW SHORES DR. ORLANDO, FL 32804 US				LODGE, MARVINA 2330 VIRGINIA DRIVE ORLANDO, FL 32803 US			
	e named entity e of Florida.	submits this statement for the	purpose c	of changing i	ts registered o	office or registered a	gent, or both,
SIGNATURE:						09/13/2002	
	Electror	nic Signature of Registered Ag	jent			Date	
OFFICERS AND DIRECTORS:				ADDITION	IS/CHANGES	TO OFFICERS AN	D DIRECTOR
Title: Name: Address: City-St-Zip:	PCEO () Delete LODGE, MARVINA 1930 FAIRVIEW SHORES DRIVE ORLANDO, FL 328041136			Title: Name: Address: City-St-Zip:	PCEO (X) Change () Addition LODGE, MARVINA 2330 VIRGINIA DRIVE ORLANDO, FL 32803		
Title: Name: Address: City-St-Zip:	V (HUNDEBY, TEI 10849 LANDSE ORLANDO, FL	ORO COURT		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	D (SCHMIDT, LEC 1280 LAQUINT ORLANDO, FL	A DRIVE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TOBER, SCOT	ATE ROAD 434		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STOUT, ROGE	V SHORES DRIVE		Title: Name: Address: City-St-Zip:	() Change ()Addition	

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 Statutes. 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARVINA LODGE PCEO 09/13/2002