2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000006005

Address:

City-St-Zip:

Entity Name: OLD CATHOLIC STUDIES, INCORPORATED

FILED Apr 26, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 10158 NORTH DELTONA BLVD 10158 NORTH DELTONA BLVD CITRUS SPRINGS, FL CITRUS SPRINGS, FL 34434 **Current Mailing Address: New Mailing Address:** PO BOX 68 PO BOX 68 HOLDER, FL 34445 HOLDER, FL 34445 US FEI Number: 51-0423069 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PEPPE, ENRICO GUIDO PEPPE, ENRICO GUIDO 10158 NORTH DELTONA BLVD PO BOX 68 CITRUS SPRINGS, FL HOLDER, FL 34445 US 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: 04/26/2003 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change (X) Addition GOSSERT, PAUL Name: Name: Address: Address: 1201 WEST MAIN STREET City-St-Zip: City-St-Zip: INVERNESS, FL 34450 US Title: Title: () Change (X) Addition () Delete Name: Name: PEPPE, ENRICO G Address: Address: 10158 NORTH DELTONA BOULEVARD City-St-Zip: City-St-Zip: CITRUS SPRINGS, FL 34434 US Title: () Delete Title: () Change (X) Addition BLACKERBY, JOHN R D Name: Name: 12884 COUNTY ROAD 137 Address: Address: City-St-Zip: City-St-Zip: WELLBORN, FL 32094 US () Change (X) Addition Title: () Delete Title: M/D BLACKERBY, VIRGINIA L Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: ENRICO GUIDO PEPPE P 04/26/2003

12884 COUNTY ROAD 137

WELLBORN, FL 32094 US