2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003
Secretary of State

DOCUMENT# P00000004642

Entity Name: FOUR D'S, INC.

Current Principal Place of Business:

PO BOX 669
OKEECHOBEE, FL 34973

New Principal Place of Business:

Current Mailing Address:

PO BOX 669
OKEECHOBEE, FL 34973

New Mailing Address:

FEI Number: 65-0975396 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMSON, JENNIFER L
555 COLORADO AVENUE SUITE 2
STUART, FL 34994 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WILLIAMSON, JENNIFER L
Address: 555 COLORADO AVENUE
City-St-Zip: STUART, FL 34994

Title: D ( ) Delete
Name: COWEN, LINDA W
Address: PO BOX 665
City-St-Zip: OKEECHOBEE, FL 34973

Title: D ( ) Delete
Name: PERRY, SANDRA W
Address: 511 SE SECOND AVENUE
City-St-Zip: OKEECHOBEE, FL 34974

Title: D ( ) Delete
Name: PRINCE, REBECCA W
Address: 3342 SW HOSANNAH LANE
City-St-Zip: OKEECHOBEE, FL 34974

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: LINDA W. COWEN D 04/23/2003

Electronic Signature of Signing Officer or Director — Date