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

DOCUMENT

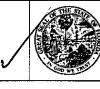
P00000022042

1. Entity Name

TAMPA FL 33602

SIGNATURE

OES HOLDINGS, INC.



Jun 24, 2003 8:00 am Secretary of State

06-24-2003 90035 001 *1,100.00

2830 PARKWAY ST LAKELAND FL 33811		Mailing Address 2830 PARKWAY ST LAKELAND FL 33811	2830 PARKWAY ST		CHECK HERE IF MAKING CHANGES	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			
City & State		City & State	City & State		4. FEI Number 59-3628195	Applied For Not Applicable
Zip	Country	Zip	Country		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		
RODGERS, BRUCE M ESQ 100 N TAMPA STREET SUITE 2700				Name Street Addres	s (P.O. Box Number is Not Acceptable)	

18. 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.

City

(NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. 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

Zip Code

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Director ☐ Addition MIRANDA, NORMAN NAME NAME **2830 PKWY ST** STREET ADDRESS STREET ADDRESS LAKELAND FL 33811 CITY-ST-ZIP CITY-ST-ZIP -. Delete TITLE Addition Change KIHN, GARY NAME NAME STREET ADDRESS 2830 PKWY ST STREET ADDRESS LAKELAND: FL: 33811 CITY*ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Addition Change Change NAME BENEIN!,"MORRIS NAME STREET ADDRESS **2830 PKWY ST** STREET ADDRESS LAKELAND FL 33811 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE. ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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:

863-687-4646