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

FILED May 24, 2002 8:00 am Secretary of State

Daytime Phone #

DOCUME 1. Entity Name	ENT#400	000032	57	1		05-24-2002 91326	043 ***150.00
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2. Principal Place	** 	3. Mailing Address	· · · · · · · · · · · ·	<u>tali set trat se la la c</u>			
Suite, Apt. #, e	tc.	Suite, Apt. #, etc.			-	DO NOT WRITE IN THIS SP	ACE
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Zip	Country	Zip	Count	lry		59-3636125 Certificate of Status Desired \$ \$	Not Applicable 8.75 Additional
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8. The above nam	ned entity submits this stateme	ent for the purpose of changing	j its registere	ed office or regis	tered ag	ent, or both, in the State of Florida.	
SIGNATURE	sture, typed or printed name of registered	agent and title if apolicable.	NOTE: Registered	d Agent signature requ	ired when re	instating) DATE	
9. This corporation	on is eligible to satisfy its Intan irement and elects to do so.	gible denomination After the	- Barlfa Byl. Eest	E 12 9459 //4 E 12 50 //4 L 12 50 //4	- <u></u> .	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
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or the corpora	y that the information supplied his report or supplemental rep ation or the receiver or trustee th an address, with all other file	empowered to execute this re	for the exen at my signatu port as requ	nption stated in t ure shall have th iired by Chapter	Section 1 e same la 607, Floa	19.07(3)(i), Florida Statutes. I further certify egal effect as if made under oath; that I am ida Statutes; and that my name appears i	that the information an officer or director a Block 11 or on an
SIGNATUR	Dany SIGNATURE AND THE	M. Rose O OR PRINTED NAME OF SIGNING OFFIC	War	rig 1	n. 7	Rose	me Phone 4

2001 UNIFORM BUSINESS REPORT (UBR) OCUMENT # P0000032577 Entity Name R SERVICES INC.						•	ACH		/ - /	/	
Principal Place of Business X) HANCOCK LAKE RD. ROOKSVILLE FL 34602		Mailing Address 560 HANCOCK LAKE RD. BROOKSVILLE FL 34602	560 HANCOCK LAKE RD.			Fileg 101					
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Principal Place	e of Business	3. Mailing Address									
Suite, Apt. #, e	etc.	Suite, Apt. #, etc.					DO NOT WRITE	IN THIS SE	PACE		
City & State	***************************************	City & State	<u> </u>		4, F	El Number	36125			plied For t Applicable	
Zip	Country	Zip	Count	ry			atus Desired -		8.75 Add	itional	
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· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Cui	rrent Hegistered Agent		Name	N	rame and Add	iess of field fiel	JISTETEG A	<u>acirc</u>		
	DANYA M NCOCK LAKE RD.			Street Addres	s (P.O. B	ox Number is N	Not Acceptable)				
	SVILLE FL 34602									·	
	;			City				FL	Zip Code	3	
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. The above nam	med entity submits this stateme	ent for the purpose of changing i	ts registere	ed office or regis	tered age	ent, or both, in	the State of Flori	da.	·		
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endicated 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Danyo M