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

DOCUMENTA DAGGOODILL

FILED Feb 11, 2003 8:00 am Secretary of State

| DO NOT WRITE IN THIS SPACE 2. Principal Place of Business AZS Cedorhurst Rd. AZS Cedorhurst Rd. Suite, Api. 8, etc. City & State Louvernceville, GA Louvernceville, GA GF - 09919G1 Not Applicable A | 1. Entity Name Return of Investment | = | | 02-11-2 | 003 90063 0 | 31 ***150.00 |
|---|---|--------------|--------------------------------|--|------------------|---------------------|
| Suite, Apt. #, etc. City & State Lawrence ville, GA | | | PAGE : | | | |
| Country Zip Zip Country Zip Zi | 425 Cedurhurst Rd. | 425 Cedur | hurst Rd. | DO NOT WR | ITE IN THIS SPAC | CE |
| Second S | | | \- 6A | | | |
| To 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. SIGNATURE Superham, typed or printed name of registered agent and the # applicable (NOTE Registered Agent signature required when remaisting) DATE SIGNATURE Superham, typed or printed name of registered agent and the # applicable (NOTE Registered Agent signature required when remaisting) DATE ### Application State S | Zip Country | Zip - | Country | | | 75 Additional |
| SIGNATURE Signat | | | Name _ | | t Registered Age | ent |
| 8. 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE ################################### | - DO NOT V | VRIGE | 0000000000000000 | · · · · · · · · · · · · · · · · · · · | le} === - | |
| the above named entity submits his 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstaling) DATE 9. Election Campaign Financing Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME SIREET ADDRESS CITY-SI-ZIP Lawrence unlike, GB 30045 STILESI-ZIP Lawrence unlike, GB 30045 | in this space | | 225 AV | hambra Cir. | | |
| the above named entity submits his 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. Signature: Signature: Signature: Nyped or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstailing) DATE | | | CityCora | i Gables. | FL | Zip Code 33134 |
| ### January 15 May 17 Fee is \$150.00 ### 9. Election Campaign Financing Trust Fund Contribution. ### After May 31 Fee is \$150.00 ### 9. Election Campaign Financing Trust Fund Contribution. ### After May 31 Fee is \$150.00 ### \$5.00 May Be Added to Fees ### 17.00 | the obligations of registered agent. | | s regustered office or reguste | red agent, or both, in the State of Fi | | ar with, and accept |
| NAME AUGUSTO GUEVARA STREET ADDRESS CITY-SI-ZIP Lawrence unlie, GA 30045 DITE INTERIOR STREET ADDRESS | May January 1; May 1; Fee is \$150.00. After May 1; Fee is \$550.00; Amended UBP is \$51.25; Make Check Payable to Florida Department | 5) States | | | | |
| NAME Augusto Euroca STRETADDRESS 425 Cedorhurst, nd. City-St-Zip Lawrence unive, Gp 30045 DITESTADDRESS STRETADDRESS STRETADDRESS STRETADDRESS STRETADDRESS STRETADDRESS STRETADDRESS STRETADDRESS STRETADDRESS STRETADDRESS | | D DIRECTORS | | en e | | |
| CITY-ST-ZIP Lawrence volle, GA 30045 DIESTERM DEPARTMENT OF THE PROPERTY OF TH | NAME AUGUSTO GUEVA | a | LANCE SERVICE SERVICE | | | |
| CONTRACTOR OF THE PROPERTY OF | | | STREET ADDRESS | | | |
| | TEMPERCE VIIVE | <u> </u> | | | | |

STREET ADDRESS City (ST/ APA Carlos Guevara STREET ADDRESS 285 crab Orchard CITY-ST-ZIP Noswell, EA 30076 TO THE STATE OF TH TITLE NAME TREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP cin si ne il TITUE TE NAME STREET ANDRESS COYSSEZIPAL IN THIS SPACE THE NAME STREET ADDRESS CITY-ST-ZIP THE TARRES THE NAME STREET ADDRESS ory st de 🔛 CITY-ST-7P TITLE NAME. STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 eath; 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Carlos GUEVORA 2-5-2003 (404)578-8635