

2001 UNIFORM BUSINESS REPORT (UBR)

2/5

FILED
Mar 01, 2001 8:00 am
Secretary of State

02-05-2001 90107 003 ***150.00

DOCUMENT # P00000036974

1. Entity Name

GUINEVERE'S, INC.

Principal Place of Business

~~C/O UNGER, WEBSTER, SWARTWOOD & ACREE PA~~
~~701 PEACHTREE ROAD~~
~~ORLANDO FL 32804~~

Mailing Address

~~C/O UNGER, WEBSTER, SWARTWOOD & ACREE PA~~
~~701 PEACHTREE ROAD~~
~~ORLANDO FL 32804~~

2. Principal Place of Business

c/o Webster & Partners, P.L.
 Suite, Apt. #, etc.

1936 Lee Road, Ste 101
 City & State

Winter Park, FL
 Zip Country
32789 USA

3. Mailing Address

c/o Webster & Partners, P.L.
 Suite, Apt. #, etc.

1936 Lee Road, Ste 101
 City & State

Winter Park, FL
 Zip Country
32789 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3639936

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

~~6. Name and Address of Current Registered Agent~~

UWSA SERVICES, INC.
701 PEACHTREE ROAD
ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name
W & P Services, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
1936 Lee Road, Suite 101
 City
Winter Park FL Zip Code
32789

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.

SIGNATURE *[Signature]*

President

24 Jan 2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIENE, FORD W 701 PEACHTREE ROAD ORLANDO FL 32804	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/T/S KIENE, FORD W 1936 Lee Road, Ste 101 Winter Park, FL 32789	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 prepare 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 an officer like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
KIENE FORD W KIENE

Date

1/27/01

Daytime Phone #

407-691-0500

CR2E034 (10/00)