


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

<b>DOCUMENT # P0100000004</b>				
1. Entity Name <b>END-2-END IT SERVICES AND SOLUTIONS INCORPORATED</b>				
Principal Place of Business 12488 E IRL O BRONSON HWY ST. CLOUD, FL 34773		Mailing Address 12488 E IRL O BRONSON HWY ST. CLOUD, FL 34773		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
5. Name and Address of Current Registered Agent <b>YEARY, LORLEE 12488 E IRL O BRONSON HWY ST. CLOUD, FL 34773</b>				7. Name and Address of New Registered Agent
Name				Name
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)
City				City
FL				Zip Code
B. 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 _____ <small>Signature (typed or printed name of registered agent and title is acceptable)      (PRINT) Registered Agent's signature required when submitting      Date</small>				
FILE NOW! FEE IS \$160.00 After May 1, 2003 Fee will be \$50.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS				
TITLE	PTS	<input type="checkbox"/> Delete		
NAME	YEARY, LORLEE			
STREET ADDRESS	12488 E IRL O BRONSON HWY			
CITY-ST-ZIP	ST. CLOUD, FL 34773			
TITLE		<input type="checkbox"/> Delete		
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete		
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete		
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete		
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				
STREET ADDRESS				
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 and Block 11 if changed, or on an attached form with an address, with all other like empowered.				
SIGNATURE: <i>Lorlee Yearly</i>		Date: <i>5/30/03</i> <i>407-892-9026</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		

CFR2034 (10/02)

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PO1000000004

END-2-END IT SERVICES AND SOLUTIONS  
INCORPORATED

IT CONSULTING SERVICES • WAN/LAN NETWORKS • DATA CABLING

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May 29, 2003

Florida Department of Corporations  
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

End-2-End IT Services and Solutions Inc.  
12488 E. Irlo Bronson Hwy.  
St. Cloud, FL 34773

Division of Corporations,

I did not receive my UBR form via the mail. Today I contacted the Division of Corporations and spoke with Rob Brown (Supervisor of Public Inquiries). He instructed me to download the form for my corporation and attach a note reiterating that I never received the UBR form. Enclosed is the completed UBR form and the check for the associated fee.

Sincerely,

*Lorilee Yearly*  
Lorilee Yearly