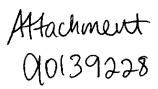
FILED Jun 11, 2003 8:00 am Secretary of State 06-11-2003 90063 023 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (USR)

### Malling Accress ### 3550 N NOWN NOWN BYR DR. GCCOA, PL 32925 ### CCCOA, PL 32925 #	DOCU 1. Entity Nan LORYSN	MENT # P01000003 9 ÅRK, INC.	915 (<u>-</u> /		•	90139228	
Sulle, Apt #, etc. GHECK HERE IF MARKO CHANGES City & State City & State A. FEI Number 59-3892629 Adoption of Part Applications of Current Registered Agent A. FEI Number 59-3892629 Adoption of Part Applications of Registered Agent Part Applications	3550 N INDIAN RIVER DR.		3550 N. INDIAN RIVER DR.					
Cry & State Cry & State Cry & State A, FEI Number 59-369828 A, FEI Number 59-369828 Not Applicable Not Applicable See Projund 6. Name and Address of Current Registered Agent HARBER, LAWRENCE H 393 JASHINE ST. City The Spoke number of Not Acceptable) Steel Address of For Number is Not Acceptable) CITY FL ZP Cood A. The spoke number of New Registered Agent Name Steel Address (Fo. Box Number is Not Acceptable) CITY FL ZP Cood A. The spoke number of New Registered Agent Free Perjured Only FL ZP Cood A. The spoke number of New Registered Agent Name Steel Address (Fo. Box Number is Not Acceptable) CITY FL ZP Cood A. The spoke number of New Registered Agent Free Perjured Only FL ZP Cood A. The spoke number is Not Acceptable) Steel Address (Fo. Box Number is Not Acceptable) CITY FL ZP Cood A. The spoke number of New Registered Agent Number of Number is Not Acceptable) CITY FL ZP Cood In the Steel Address (Fo. Box Number is Not Acceptable) DIX STEEL	2. Principal Place of Business		3. Mailing Address					
Section Sect	Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES	
B. Certificate of status Devired Fee Participated	Crity & State		City & State			4. F	50 0000000	
HARBER, LAWRENCE H 931 JASHNINE ST. CITY FL Zip Code a. The above named entity sizemits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floras. I am familiar with, and accept the collipations of registered agent. BIGNATURE FLUE NORWITICESE IS \$150,000. After May 2000 Fee Will be \$500,050. After May 2000 Fee Will be \$500.050. After May 2000 Fee Will be Will be May 2000 Fee Will be Will be Will be Will be Will be Wil	Zip	Country Zip		Country		5 . C	Certificate of Status Desired	
#ARRER, LAWRENCE II STATA-0171 Steet Address (P.O. Box Number Is Not Acceptable) Only FL Zip Code A. The above named entily submits this statement for the purpose of changing its registered agent, or both, in the State of Foods. I am familiar with, and accept the originations of registered agent. SIGNATURE ### ARREST Red, #		6. Name and Address of Current	Registered Agent					
City FL Zip Code a. The above named entity sibmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fordia. I am familiar with, and accept the originations of registered signet. SIGNATURE: The major of the purpose of changing its registered office or registered agent, or both, in the State of Fordia. I am familiar with, and accept the origination of registered signet. Policy of the purpose of changing its registered office or registered agent, or both, in the State of Fordia. I am familiar with, and accept the origination of registered signet. Policy or registered agent, or both, in the State of Fordia. I am familiar with, and accept the origination of registered agent, or both, in the State of Fordia. I am familiar with, and accept the origination of registered agent, or both, in the State of Fordia. I am familiar with, and accept the origination of registered agent, or both, in the State of Fordia. I am familiar with, and accept the origination of registered agent, or both, in the State of Fordia. I am familiar with, and accept the origination of registered agent, or both, in the State of Fordia. I am familiar with, and accept the familiar wi						/P.O. Day Murrhar In Not Assauthbia)		
The above named entity submits this distance in for the purpose of changing its registered agent, or both, in the State of Fioria. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature					20 det Williams	(F.O. B	ox Number 15 Not Acceptable)	
The collegations of registered agent. SIGNATURE Signame. myeal or primed name of agentam agent and the inspitation. (NOTE flaquesta) Agent special and existed agent agent and the inspitation agent and the inspitation agent and the inspitation agent age	-d	en en	•		City		FL Zip Code	
Experiment, which primed agrined agrined and of application. POPIC Repair and Agrinit agricults Popicial State Popici	The above the obligat	named entity submits this statement follows of registered agent.	r the purpose of changing its	s registere	ed office or registe	ered age	ent, or both, in the State of Florida. I am familiar with, and accept	
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SIGNATURE: Mark Gerstein 6/6/03 321-504-7246	NAME STREET ADDRESS CITY-ST-2P			NAME STREE CITY-	ET ADORESS ST-21P			
SIGNATURE: Mark Construction (6/6) 521-504-7246 AND TYPED OR PRINTED HAME OF MANNE O	12. I hereby of indicated of the oor changed,	AN [] 7]-	this filing does not qualify to true and accurate and that in owered to execute this report with all other like empowered	_	· ·	ection 1 same le 7, Florid		
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Uniform Business Report Division of Corporations PO Box 1500 Tallahassee, FL 32302-1500

6/6/03

To Whom It May Concern:

In reference to Document # P01000003915 (Lorysnark, Inc. FEI 59-3692629), I never received the Uniform Business Report form in the mail, and only stumbled on last year's paperwork while reviewing records. I spoke with a representative at your office on 6/6/03, and was told to download a form from your web site, and mail it in with this letter of explanation, along with the normal \$150 annual fee.

Sincerely

Mark Gerstein President

Lorysnark, Inc.

3550 N. Indian River Dr.

Cocoa, FL 32926