

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90165 047 ***150.00

DOCUMENT # P01000004515

1. Entity Name
DVORAK INTERNATIONAL LINGUISTICS, INC.

Principal Place of Business Mailing Address
36601 ROBERTS ROAD 36601 ROBERTS ROAD
DADE CITY FL 33525 DADE CITY FL 33525



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEL Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		41-1827481	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip	Country	Zip	Country	<input type="checkbox"/>	

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
DVORAK, CLAUDIA 36601 ROBERTS ROAD DADE CITY FL 33525			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code

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 CLAUDIA DVORAK Claudia Dvorak DATE 4-22-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DVORAK, CLAUDIA		NAME		
STREET ADDRESS	36601 ROBERTS ROAD		STREET ADDRESS		
CITY-ST-ZIP	DADE CITY FL 33525		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 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: Claudia Dvorak **SIGNATURE REQUIRED** DATE 4-22-02 DAYTIME PHONE # 352-523-0026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)