2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000016187

Entity Name: ADVANCED LASER WORKS, INC.

FILED May 06, 2003 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | | |
|---|------------------------------------|------------------------------------|--|--|
| 2101 S TAMIAMI TR SARASOTA, FL 34239 |) | | | |
| Current Mailing Address: | | New Mailing Address: | | |
| PO BOX 25368 SARASOTA, FL 34277 | , | | | |
| FEI Number: 65-1077748 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | | | |
| KOMPOTHECRAS, BE 2130 S TAMIAMI TR SARASOTA, FL 34239 | | | | |
| The above named entit in the State of Florida. | y submits this statement for the p | purpose of changing its registered | d office or registered agent, or both, | |
| SIGNATURE: | | | | |
| Electronic Signature of Registered Agent | | ent | Date | |
| Election Campaign Financ | ing Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | ADDITIONS/CHANGI | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| | () Delete CRAS, BETH BRONSON | Title: Name: | () Change () Addition | |

Address: 2101 S TAMIAMI TR City-St-Zip: SARASOTA, FL 34239 Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETH BRONSON KOMPOTHECRAS 05/06/2003 D