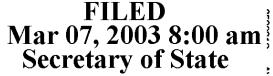
## 2003 FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)** P01000026169 **DOCUMENT #** 1. Entity Name



03-07-2003 90127 013 \*\*\*150.00

SIEVEN	THABAYKO, P.A.								
Principal Place of Business 13825 U.S. HIGHWAY 19 SUITE 404-D HUDSON FL 34667		13825 U.S. SUITE 404	Mailing Address 13825 U.S. HIGHWAY 19 SUITE 404-D HUDSON FL 34667			10032736			
2. Principal I	Place of Business	3. Mailing	3. Mailing Address						
Suite, Apt	. #, etc.	Suite, A	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & Sta	te	City & S	City & State			4. FEI Number 59-3704847 Applied For Not Applicable			
Zip	Country	Zip		Country	5	5. Certificate of Status Desired	\$8.75 Fee Re	Additional	
	6. Name and Address of Curre	nt Registered A	gent	and the second	- <sub></sub> 7	. Name and Address of New Regist	ered Agent		
				Name					
	o, steven			Street Addr	ress (P.O	). Box Number is Not Acceptable)			
<del>.</del>	S. HWY. 19, SUITE 404							· · · · · ·	
HUDŞON	FL 34667								
				City	-	. 2011	FL Zip	Code	
The above the obliga	named entity submits this statement tions of registered agent.	for the purpose	of changing its re	gistered office or req	gistered a	agent, or both, in the State of Florida.	I am familiar	with, and accept	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable	a. (NOTE: Re	egistered Agent signature re	equired when	en reinstating)	DATE		
	ILE NOW!!! FEE IS \$150.00							1.11	
Afte	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department					Section Campaign Financin     Trust Fund Contribution.	· _ ,	55.00 May Be added to Fees	
0.	OFFICERS AN	D DIRECTORS		11.		ADDITIONS/CHANGES TO OFFICERS	S AND DIREC	TORS IN 11	
ITLE IAME TREET ADDRESS ITY-ST-ZIP	PD TRABAYKO, STEVEN 13825 U.S. HWY 19 HUDSON FL 34667		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			· Cha		
ITLE IAME TREET ADDRESS ITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Cha	nge	
ITLE _ Ame Treet address ITY-ST-ZIP			Delete	NAME STREET ADDRESS CITY-ST-ZIP	æ :	مینار بر مینار بر	🗌 Cha	nge 🗌 Addition	
ITLE AME TREET ADDRESS ITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Cha	nge 🗌 Addition	
TLE Ame Treet address ITY-ST-ZIP			□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Cha	nge	
TLE AME IREET ADDRESS TY-ST-ZIP	-		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Char	nge 🗍 Addition	

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 same appears in thick to provide the corporation of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my same appears in thick to provide the corporation of the corporation or the receiver or trustee empowered.

SIGNATURE:

O3-01-2003 1218/A9001

SIGNATURE: