FILED May 01, 2003 8:00 am §

| 2003 | FOR | PROFIT | CORPORA | TION |
|-------|------------|---------------|----------|------|
| JNIFO | RM B | USINES | S REPORT | (UBR |

| 1. Entity Nam | MENT # P01000 VICES INTERNATIONAL, INC. | 05-01-2003 90953 001 ***300.00 | | | | | | | |
|---|--|---|---------------------------------------|--|---------------------|---------------|--|--|--|
| Principal Place of Business 3684 BALTUSROL CT. GREEN COVE SPRINGS FL 32043 | | Mailing Address P O BOX 250 ORANGE PARK FL 32067-0250 | | | | | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address P. O. Box 8820 Suite, Apt. #, etc. | | | | | | | |
| City & State | | City & State | | CHECK HERE IF MAKING CHANGES 4. FEI Number | | | | | |
| Zip Country | | Orange Park, th | | 59-371808 | 1 No | ot Applicable | | | |
| | | 32006 | Country | 5. Certificate of Status Desired | Fee Require | | | | |
| - . | 6. Name and Address of Current Re | gistered Agent | Name | 7. Name and Address of New | Hegistered Agent | | | | |
| BLEVINS, | LARRY J | | Street Address | (P.O. Box Number is Not Acceptab | | | | | |
| 3684 BALTUSROL CT. | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| GREEN COVE SPRINGS FL 32043 | | | | • | | | | | |
| | | | City | | FL Zip Cod | е | | | |
| 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. I am familiar with, and accept the obligations of registered agent. | | | | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstatung) DATE | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 . After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign F Trust Fund Contributi | inancing \$5.0 | May Be | | | |
| 10. | OFFICERS AND DIF | RECTORS | 11. | ADDITIONS/CHANGES TO OF | FICERS AND DIRECTOR | S IN 11 | | | |
| TITLE : | P | ☐ Delete | TITLE | · | ☐ Change | Addition | | | |
| STREET ADDRESS 3684 BALTUSROL CT. | | | NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| TITLE NAME Street address City-St-Zip | V VILLARE, ROBERT 297 WESTWOOD DR WOODBURY NJ 08096 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MONAHAN, KEVIN 1207 LAKE PT. PL. ORANGE PARK FL 32073 | I⊇ Oelete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Change | ☐ Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S REGAN, LISA 130 RAINTREE TR. JUPITER FL 33458 | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WAGNER, ROBERT 2533 IRONWOOD CT. ORANGE PARK FL 32065 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D VORHEES, TERRY 1315 PARK AVE. ORANGE CITY FL 32763 | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | 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 name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

| SIGNATURE | S