

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90125 033 \*\*\*150.00

DOCUMENT # 0010000 45855  
1. Entity Name  
Ove choice Technology Sup.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2544 Forest Pkwy S.  
Suite, Apt. #, etc.

3. Mailing Address  
2544 Forest Pkwy S.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Dargo FL

City & State  
Dargo FL

Zip  
33771

Country  
USA

Zip  
33771

Country  
USA

4. FEI Number  
59-3714588  Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Julie Shaw

Street Address (P.O. Box Number is Not Acceptable)  
2544 Forest Pkwy S.

City  
Dargo FL Zip Code 33771

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 Julie A Shaw President DATE 4/15/02  
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.  **January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President Julie Shaw 2544 Forest Pkwy S. Dargo FL 33771</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address with all other like empowered.

SIGNATURE: Julie A Shaw DATE 4/15/02 727-642-3018  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)