

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91418 049 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000049932		
1. Entity Name SUBSTITUTION CORPORATION		
Principal Place of Business 4 INDIAN MOUND COURT FLAGLER BEACH, FL 32136		Mailing Address PO BOX 352500 PALM COAST, FL 32135-2500
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1779 Suite, Apt. #, etc.
City & State Flagler Beach, FL		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 32136	Country Flagler	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CHIUMENTO, MICHAEL D ESQ. 4 OLD KINGS ROAD NORTH SUITE B PALM COAST, FL 32137		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when submitting) 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 Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BATHAW, RONALD 4 INDIAN MOUND COURT FLAGLER BEACH, FL 32136 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BATHAW, FRANCA F 4 INDIAN MOUND COURT FLAGLER BEACH, FL 32136 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DON JOSEPH A. ALFONSO 39 COTTONWOOD DRIVE PALM COAST, FL 32137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALFONSO, RENATO A 39 COTTONWOOD DRIVE PALM COAST, FL 32137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

11040402



☒ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)