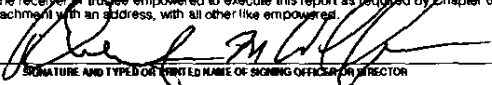


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

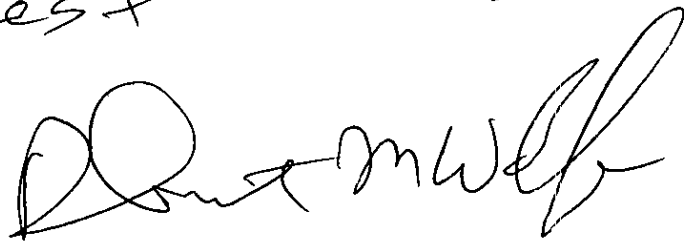
DOCUMENT # P01000054472			
1. Entity Name FLOROPTICAL NETWORK SERVICES, INC.			
Principal Place of Business 8424 4TH STREET NORTH SUITE C SAINT PETERSBURG, FL 33702 US		Mailing Address 8424 4TH STREET NORTH SUITE C SAINT PETERSBURG, FL 33702 US	
2. Principal Place of Business 2887 2nd Ave N Suite, Apt. #, etc. C		3. Mailing Address same Suite, Apt. #, etc.	
City & State St. Petersburg, FL 3		City & State	
Zip 33713		Country Guatemala	
4. FEI Number 59-3719104		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPEAR, JO C ESQ. WEST BAY CORPORATE CENTER 9410 INTERNATIONAL CT. N SAINT PETERSBURG, FL 33716		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 		DATE 5-1-2003	
FILE NOW WITH 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. ☐ \$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	DPST WOLFE, ROBERT M 1832 72ND AVENUE N.E. ST. PETERSBURG, FL 33702 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: 		DATE 5-1-2003 727-209-3474	

CR20034 (10/02)

To whom it may concern,

We are a bit late with the UBR
due to confusion of the date we
incorporated. In addition, we did
not receive any notices at all, due to
the fact that our address is incorrect
in your database. Please ^{address} correct ~~it~~ from
new UBR. Apologies for any
inconvenience. This will not happen in the
future.

Best Regards,



Robert M. Wolfe

~~Dear~~
DR. PURSLEY