

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000060604

1. Entity Name
PETIT SERVICES, INC.Principal Place of Business
2235 GATOR DRIVE, #421
ORLANDO FL 32807Mailing Address
2235 GATOR DRIVE, #421
ORLANDO FL 328072. Principal Place of Business
Suite, Apt. #, etc.3. Mailing Address
Suite, Apt. #, etc.4. FEI Number
593734155

Applied For

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

6. Name and Address of Current Registered Agent

PETIT, IRIS M
2235 GATOR DRIVE, #421
ORLANDO FL 32807

7. Name and Address of New Registered Agent

Name
Petit Iris M.

Street Address (P.O. Box Number is Not Acceptable)

540 Ridgeview Way # 203

City Altamonte Springs FL Zip Code 32714

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

Signature or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

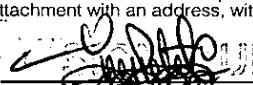
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTIZ, IRIS M 2235 GATOR DRIVE, #421 ORLANDO FL 32807	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Petit Iris M. 540 Ridgeview Way #203 Altamonte Springs FL -32714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE:  REQUIRED

SIGNATURE AND NAME OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/10/2002 4072539872

Daytime Phone #