
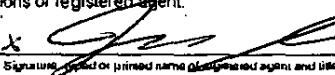
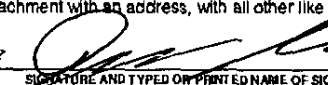


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90719 044 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000073096			
1. Entity Name MULTI-SERVICES OF SOUTHWEST FLORIDA, INC.			
Principal Place of Business 740 N MANASOTA KEY ENGLEWOOD, FL 34223		Mailing Address 740 N MANASOTA KEY ENGLEWOOD, FL 34223	
2. Principal Place of Business 9031 E. RIVER RD. Suite, Apt. #, etc.		3. Mailing Address 9031 E. RIVER RD. Suite, Apt. #, etc.	
City & State VENICE, FL Zip 34293		City & State VENICE, FL Zip 34293	
Country		Country	
4. FEI Number 65-1124259		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SORENSEN, JAMES M 740 N MANASOTA KEY ENGLEWOOD, FL 34223		7. Name and Address of New Registered Agent Name SORENSEN, JAMES M. Street Address (P.O. Box Number is Not Acceptable) 9031 E. RIVER RD. City VENICE, FL Zip Code 34293	
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  JAMES M. SORENSON DATE 4/30/03 <small>Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when appointing)</small>			
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	D SORENSEN, JAMES M 740 N MANASOTA KEY ENGLEWOOD, FL 34223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 9031 E. RIVER RD. VENICE, FL 34293 <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
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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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
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:  JAMES M. SORENSON		DATE 4/30/03 (941) 685-040	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

CR2E034 (10/02)