

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

05-05-2003 91768 014 ***150.00

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

DOCUMENT # P01000092118		
1. Entity Name SOUSA ENTERPRISES OF FLORIDA, INC.		
Principal Place of Business 1946 S. OLD MILL DRIVE DELTONA, FL 32725		Mailing Address 1946 S. OLD MILL DRIVE DELTONA, FL 32725
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
<input type="checkbox"/> CHECK HERE IF MAKING CHANGES		
4. FEI Number 59-3745359		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 REYNOLDS, MARY L 661 S. VOLUSIA AVENUE ORANGE CITY, FL 32763		7. Name and Address of New Registered Agent Name Carlos Sousa Street Address (P.O. Box Number is Not Acceptable) 1946 S. Old Mill City Deltona FL 32725
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 <i>Carlos Sousa</i> DATE 4/30/03 <small>Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when submitting)</small>		
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. <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 SOUSA, CARLOS 1946 S. OLD MILL DELTONA, FL 32725 <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	V SOUSA, OLIVIA 1946 S. OLD MILL DELTONA, FL 32725 <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 authority empowered.		
SIGNATURE: <i>Carlos Sousa</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 4/30/03 <small>Date Daytime Phone #</small>

90128615



CR2E034 (10/02)