


FILED
03 SEP 25 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # P01000102003					
1. Entity Name THIBEL SERVICES, INC.					
Principal Place of Business 953 W. SAND LAKE RD. ORLANDO, FL 32809			Mailing Address 953 W. SAND LAKE RD. ORLANDO, FL 32809		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3752490	
				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 BELLES, PAULO 5817 BEND PINE DR., #310 ORLANDO, FL 32822				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)</small> DATE _____					
FILE NOW!!! FEE IS \$450.00 After May 1, 2003 Fee will be \$550.00 Amended UBR is \$61.25 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	D	<input type="checkbox"/> Delete		TITLE	D
NAME	BELLES, PAULO			NAME	BELLES, PAULO
STREET ADDRESS	5817 BEND PINE DR., #310			STREET ADDRESS	2519 CHATHAM CIR
CITY-ST-ZIP	ORLANDO, FL 32822			CITY-ST-ZIP	KISSIMMEE, FL 34746
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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 507, 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: _____				09/18/03 (407) 851-1702	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

CR2034 (10/02)



Thibel Services, Inc
953 W sand Lake Rd
Orlando, FL 32809
Phone #: (407) 851-1702
1-877-677-8337
Fax #: (407)888-6886

Date: 09/18/03

Dear Sirs,

Thibel Services have not received the UBR (Uniform Business Report) for 2003. We downloaded the form from the Internet.

Because of that we ask for your comprehension to waive fee for late payment.

Thanks in anticipation



Paulo Belles