

FILED

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

03 JUN 27 PM 3:00

SECRETARY OF STATE
90139858 TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

DOCUMENT # P01000105369 1. Entity Name ACHIEVA TELECOM SERVICES, INC.					
Principal Place of Business 2292 WEDNESDAY ST., STE. 2 TALLAHASSEE, FL 32308		Mailing Address 2292 WEDNESDAY ST., STE. 2 TALLAHASSEE, FL 32308			
2. Principal Place of Business 5500 Military Trail Suite, Apt. #, etc. Suite 22-336		3. Mailing Address 5500 Military Trail Suite, Apt. #, etc. Suite 22-336		4. FEI Number 59-3755260 Applied For Not Applicable	
City & State Jupiter, FL		City & State Jupiter, FL			
Zip 34458		Zip 33458			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NORRIS, LANCE C 2292 WEDNESDAY ST., STE. 2 TALLAHASSEE, FL 32308			7. Name and Address of New Registered Agent Name Angela B. Green Street Address (R.O. Box Number is Not Acceptable) Angela B. Green, PA 8527 SE 71st Ave. City Ocala FL Zip Code 34472		
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>Angela B. Green</i> DATE: 6/9/03 <small>Signature, typed or printed name of registered agent and the filer's signature. (NOTE: Registered Agent's signature required when reinstating)</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	PD NORRIS, LANCE C 2292 WEDNESDAY ST., STE. 2 TALLAHASSEE, FL 32308	<input checked="" 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	VSD FEDOR, PETER C 2292 WEDNESDAY ST., STE. 2 TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/D 5500 Military Trail, Suite 22-336 Jupiter, FL 34458	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCCALLAR, DAVID H 2292 WEDNESDAY ST., STE. 2 TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S/D 5500 Military Trail, Suite 22-336 Jupiter, FL 34458	<input checked="" 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: <i>Peter C Fedor</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: 6-12-03 DAYTIME PHONE: 561-71-3215		

GR2034 (10/02)

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