

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

30029514

DOCUMENT # P01000113508 1. Entity Name TECHNICAL LIFT SERVICES, INC.		
Principal Place of Business 4218 SE 20TH PLACE UNIT D-5 CAPE CORAL, FL 33904 US		Mailing Address 4218 SE 20TH PLACE UNIT D-5 CAPE CORAL, FL 33904 US
2. Principal Place of Business		3. Mailing Address 1500 COLONIAL BLVD.
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 102
City & State		City & State FORT MYERS, FL
Zip 33907	Country USA	4. FEI Number 80-0004042
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable
6. Name and Address of Current Registered Agent MILLIGAN, JOHN P. JR. 1600 COLONIAL BOULEVARD SUITE 103 FORT MYERS, FL 33907		7. Name and Address of New Registered Agent Name FRAN SZYMANSKI Street Address (P.O. Box Number is Not Acceptable) 1500 COLONIAL BLVD. #102 City FORT MYERS FL Zip 33907
8. The above named agent 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>Francis Szymanski</i> DATE: 2/4/03 <small>(NOTE: Registered Agent's Signature required when re-registering)</small>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICE, WILLIAM F 4218 SE 20TH PLACE CAPE CORAL, FL 33904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHASE, CALVIN 4109 SW 27TH AVE CAPE CORAL, FL 33914	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RICE, WILLIAM F 4218 SE 20TH PLACE CAPE CORAL, FL 33904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICE, WILLIAM J 4218 SE 20TH PLACE CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S METCALF, DARWIN W 4433 VICTORIA DR CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, SECY	<input type="checkbox"/> Change <input checked="" 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 without address, with all authority empowered.		
SIGNATURE: <i>William Rice</i>		PRES. 2-4-03 (239) 872-3445 WILLIAM RICE, DATE

CR2E034 (10/02)