2003 FOR PROFIT CORPORATION JNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P0200 1. Entity Name INVESTCORE, INC.	0009157		O3 SEP -3 AM 8:28
Principal Place of Business 102 E. NEW HAVEN AVE #113 MELBOURNE FL 32901	Mailing Address 102 E. NEW HAVEN AVE MELBOURNE FL	*113 29 01	
2. Principal Place of Business	3. Mailing Address		T I ODENOBE ILI DONIO NIGIN BENSI DONIM BELIN BENSI DENIM MENDI MENDI DINIM INDIA DINIM INDIA DONIM INDIA DONIM
Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & State	City & State		4. FEI Number Applied For Not Applicable
Zip Country 3 2 9 0 1	32901	Country	5. Certificate of Status Desired
JACOBY, DAVID H 1581 ROBERT J. CONLAN BLVD. NE, STE. PALM BAY FL 32905	100	Street Address	7. Name and Address of New Registered Agent NES DESCRIPTION OF STATE OF ST
the obligations of registered agent: SIGNATURE Signature word or prived name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State Make Check Payable to Florida Department of State			
TITLE D NAME OROZCO, JAMES STREET ADDRESS 1900 ABADA CT. NE, STE. 103 CITY-ST-ZIP PALM BAY FL 32905	DIRECTORS Delete	NAME STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 25 Lact
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	→ □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change . Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:			

Investcore, Inc.

JAMES D. DROZCO EMAIL JDDROZCO@YAHOO.COM 102 EAST NEW HAVEN AVE. #113MELBOURNE, FL 32901 PHONE (321)956-8060 FAX (321)956-1161 CELL (321)693-2975

August 28,2003

Florida Department of State
Secretary of State
Glenda E. Hood
Division of Corporations
P.O. Box 6327
-Tallahassee-FL-32314

Dear Ms. Hood,

Due to medical conditions and a family death I was out of the State of Florida for much of the first quarter moving into the second quarter. This is the first time I have seen this form or document. Unfortunately, this is my first corporation or business venture in the State of Florida, so I am not aware of all of the regulatory issues at hand. I am a real estate owner, who rehabilitates rental properties and provides housing to a variety of Floridians.

I ask that you waive the penalty fee due to travel out of the state. I simply was not aware of such a filing. I realistically expected some tax form of some sort, but other than property tax, none has appeared to my knowledge.

Thank you for your consideration of this matter. It will no longer be an issue as it has been entered in my computer system for a reminder next year.

Sincerely yours,

President

Investcore, Inc.