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

05-05-2003 91438 028 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000011669

1. Entity Name
UCCELLO SERVICES, INC.

Principal Place of Business	Mailing Address
2550 MEADOWVIEW LANE DELAND, FL 32720	2550 MEADOWVIEW LANE DELAND, FL 32720

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
100 Paradise Dr.		100 Paradise Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: DeLand, FL		City & State: DeLand, FL	
Zip: 32720	Country: United States	Zip: 32720	Country: United States

4. FEI Number: 42-1529351 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

UCCELLO, PHILLIP
2550 MEADOWVIEW LANE
DELAND, FL 32720

7. Name and Address of New Registered Agent

Name: Uccello, Phillip
Street Address (P.O. Box Number Is Not Acceptable): 100 Paradise Dr.
City: DeLand FL Zip Code: 32720

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 [signature] DATE 4-30-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☐ Change ☑ Addition
NAME	UCCELLO, PHILLIP		NAME	Michael Paul Uccello	
STREET ADDRESS	2550 MEADOWVIEW LANE		STREET ADDRESS	471 Gasline Rd.	
CITY-ST-ZIP	DELAND, FL 32720		CITY-ST-ZIP	DeLand, FL 32724	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PERKINS, ALEX		NAME		
STREET ADDRESS	111 EAST BILLA CAPRE CIRCLE - APT H		STREET ADDRESS		
CITY-ST-ZIP	DELAND, FL 32724		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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: [signature] 4-30-03 386-740-4823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #