2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000024813

1. Entity Name

OLEX ENTERPRISES, INC.



FILED Jan 27, 2003 8:00 am Secretary of State

01-27-2003 90181 027 ***150.00

Suite, April 4, etc. Suite, April 5, etc. Suite, April 6, etc. City & State A. FEI Number 45 - 04 6 99 17 Asolitic For New Application of State Department of	Principal Place of Business 6723 GULF PORT BLVD S ST PETERSBURG FL 33707				Mailing Address 6723 GULF PORT BLVD S ST PETERSBURG FL 33707								
Coy & State Cry &	2. Principal Place of Business			3. Ma	3. Mailing Address								
AS - O 46 9 9 17	Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
Service Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent agent accept the obligations of registered agent accept the obligations accept the obligations of registered agent accept the obligations of registered agent accept the obligations accept the obligations accept the obligations of registered agent accept the obligations accept	City & State			City	/ & State			4.	4. FEI Number 45 -046 9917 Applied For Not Applied For				
MOSHKIN, OLEXANDER 6723 GULP PORT BLVD S ST PETERSBURG FL 33707 Chy FL Zp Code 8. The above named onlity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligations of registered agent. SIGNATURE Synthetic hypotal printed name of registered agent and rise if applicable. Mode from May 1, 2003 Fee will be \$55,00 May Be Affer May 1, 2003 Fee will be \$55,00 May Be Affer May 1, 2003 Fee will be \$55,00 May Be Affer May 1, 2003 Fee will be \$55,00 May Be Street Address (P.O. Box Number is Not Acceptable) PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$55,00 May Be Affer Ma	Zip Country			Zip	Zip Count			5.	5 Certificate of Status Desired S8.75 Additiona			ditional	
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6723 GULF PORT BLVD S ST PETERSBURG FL 33707 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 Signature, hoped or primor name of registered agent and take it aspiriculative. (INOTE Registered Agent segnature recurrent when reinstalling) DATE FILE NOWITH FEE IS \$150.00	~NOOTHAN	OUEVANIÑE		~~~ <u>~</u>			Name		<u> </u>		- -		- -
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12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-15-03

727-644-682

Daytime Phone