

**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

05-07-2003 90183 032 \*\*\*150.00

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

<b>DOCUMENT # P02000031269</b> 1. Entity Name <b>BYCOCER HOLDINGS, INC.</b>				 <div style="position: absolute; top: 0; right: 0; font-size: 24px; font-weight: bold;">70056518</div>	
Principal Place of Business 816 CHUKKER RD. DELRAY BCH, FL 33483		Mailing Address 816 CHUKKER RD. DELRAY BCH, FL 33483			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <div style="font-size: 24px; font-weight: bold;">01-0648129</div>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BYCHOLSKI, KEITH 816 CHUKKER RD. DELRAY BCH, FL 33483				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE <small>Signature based on principal name of corporation and fee if applicable (NOTE: Registered Agent Signature required when reinstating)</small>				DATE <div style="font-size: 24px; font-weight: bold;">4-30-03</div>	
FILE NOW WITH 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 BYCHOLSKI, KEITH 816 CHUKKER RD. DELRAY BCH, FL 33483	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALCOCER, ISABEL 816 CHUKKER RD. DELRAY BCH, FL 33483	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
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 signature and empowered.					
SIGNATURE: <small>Signature must be typed or printed name of signing officer or director</small>					

CR2E034 (10/02)

Pres. 4-30-03 1-561-374-9637



*Attachment*  
*The Accounting Clinic*

We can make a difference.

May 1, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida. 32314

Gentlemen;

My client Bycocker Holdings, Inc. formed its corporation on March 18, 2002. He did not receive a corporate annual report through the mail.

I downloaded his 2003 Uniform Business Report and completed it. Enclosed is \$150.00 payable to the Secretary of State.

It is respectfully requested that no late penalty be assessed on this account.

Sincerely,

Carl Fedele, Former  
I.R.S. Field Agent

CF;