

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

DOCUMENT # P02000036290			
1. Entity Name ONYX PROPERTY INVESTMENT CORPORATION			
Principal Place of Business 3837 NORTHDAL BLVD., #314 TAMPA, FL 33624		Mailing Address 3837 NORTHDAL BLVD., #314 TAMPA, FL 33624	
2. Principal Place of Business 16057 Tampa Palms Bv Subs. Apt. # etc. # 199 City & State Tampa FL Zip 33647 Country USA		3. Mailing Address 16057 Tampa Palms Bv Subs. Apt. # etc. # 199 City & State Tampa FL Zip 33647 Country USA	
		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
		4. FEI Number 020585443 Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JACKSON, KEVIN N 3837 NORTHDAL BLVD., #314 TAMPA, FL 33624		7. Name and Address of New Registered Agent Name Kevin N. Jackson Street Address (P.O. Box Number is Not Acceptable) 16057 Tampa Palms Blvd #199 City Tampa FL Zip Code 33647	
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:  DATE: 04/27/03 <small>Sign with Title or Printed Name of Registered Agent and Title and Date. (NOTE: Registered Agent is required when registering.)</small>			
		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	<input type="checkbox"/> Delete President Kevin N Jackson 16057 Tampa Palms Bv #199 Tampa, FL 33647	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 with an address, with all other like empowerment.			
SIGNATURE: 		Kevin N. Jackson 04/27/03 813-230-5364	

CR2E034 (10/02)