


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

**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

03-05-2003 90474 001 \*\*\*\*\*8.75  
03-05-2003 90474 002 \*\*\*150.00

DOCUMENT # <u>P02000038991</u>	
1. Entity Name <u>TORSU INVESTMENTS, INC.</u>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>11878 Shotgate CT</u>	3. Mailing Address <u>11878 Shotgate ct</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <u>Orlando, FL</u>	City & State <u>Orlando, FL</u>	4. FEI Number <u>03-0428461</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>32837</u>	Country <u>USA</u>	Zip <u>32837</u>	Country <u>USA</u>
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name <u>Toth, Peter</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>11878 Shotgate ct</u>	
City <u>Orlando, FL</u>	Zip Code <u>32837</u>

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 Peter Toth PETER TOTTH 02/27/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
STREET ADDRESS	<u>Toth, Peter</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>11878 Shotgate ct</u>	CITY-ST-ZIP	
	<u>Orlando, FL 32837</u>		
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Peter Toth PETER TOTTH 02/27/03 (321)-231-8430  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)