


03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 02000056495	
1. Entity Name The Ubillion Company	

FILED
03 JUL -2 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

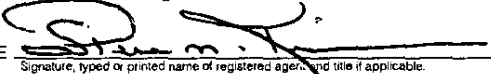
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1332 Ballentyne Place		3. Mailing Address 380 S. SR 434	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite # 1004-276	
City & State Apopka, Florida		City & State Altamonte Springs	
Zip 32703	Country USA	Zip 32714	Country USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 01-0693558		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name Steven M. Kleiberger		
Street Address (P.O. Box Number is Not Acceptable) 1411 EL CAGRO COURT			
City Winter Springs FL Zip Code 32708			

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.

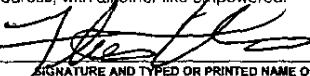
SIGNATURE  DATE **7-1-03**

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Florentino Ubiles 1332 Ballentyne Place Apopka, FL 32703	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600021270036 07/02/03--01032--005 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Kimberly Ubiles 1332 Ballentyne Place Apopka, FL 32703	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:  **FLORENTINO UBILES** Date **6/23/03** Daytime Phone # **(407) 862-1087**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

gr 7/1