2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2003
Secretary of State

DOCUMENT# P02000071551

Entity Name: SUREVEND, INC.

Current Principal Place of Business:

1012 FEATHERSTONE CIRCLE
OCOEE, FL 34761

New Principal Place of Business:

1325 HOME CIRCLE DRIVE WEST
BUCYRUS, OH 44820

Current Mailing Address:

P.O. BOX 27
BUCYRUS, OH 44820

New Mailing Address:

FEI Number: 02-0628180 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHRISTMAN, JOHN R
1012 FEATHERSTONE CIRCLE
OCOEE, FL 34761 US

Name and Address of New Registered Agent:

CHRISTMAN, JODY A
3447 NE FT KING ST
OCALA, FL 34470 US

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.

SIGNATURE: JODY A. CHRISTMAN 01/11/2003
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CHRISTMAN, JOHN R
Address: 1012 FEATHERSTONE CIRCLE
City-St-Zip: OCOEE, FL 34761

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CHRISTMAN, JOHN R
Address: 1325 HOME CIRCLE DRIVE WEST
City-St-Zip: BUCYRUS, OH 44820

Title: VP ( ) Change (X) Addition
Name: CHRISTMAN, FRANL L
Address: 1325 HOME CIRCLE DRIVE WEST
City-St-Zip: BUCYRUS, OH 44820

Title: T ( ) Change (X) Addition
Name: CHRISTMAN, JODY A
Address: 3447 NE FT KING ST
City-St-Zip: OCALA, FL 34470

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN R. CHRISTMAN P 01/11/2003
Electronic Signature of Signing Officer or Director Date