FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Jul 25, 2003 8:00 am **Secretary of State** DOCUMENT # PO2 000082427 07-25-2003 90096 021 ***150.00 helip Evich PA DO NOT WRITE IN THIS SPACE 3. Mailing Address Suito Api. #, etc DO NOT WRITE IN THIS SPACE Applied For FEL Number Not Applicable Ζip Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or existered agent, or both, in the State of Florida. I am familiar the obligations of registered agent. SIGNATURE Sprinture, typed or project name of requirered agent and title it applicable. (NCTE: Projetered Agent signature required when reinstating) January 1 - May 15 Fee is \$150.00 After May 1, Fee is \$550.00 9. Election Campaign Financing **\$5.00** May Be Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 🐔 🚉 TITLE நா இ Evich Rhilip NAME MAME STREET ADDRESS STREET ADDRESS castle CITY-ST-ZIP CITY-ST-ZIP Coast THE Duris TOTAL D NAME Fair Castle Lane NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE mir NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CHY-ST-ZIP CITY-ST-ZIP IN THIS SPACE HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP HILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CATY-ST-71P TIME NAME

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 cath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears to Block 10 or on an attachment with an address, with all other like empowered.

STŘEEŤ ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET AUDRESS

000Y-ST-7IP

SIGNATURE AND TYPED OR PERTED NAME OF SIGNING OFFICER OR DIRECTOR

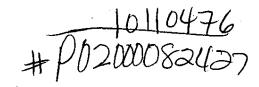
10/03 Day

FILED

Dayume Phone #

Attachment

Division of Corporations P. 0. Box 1500 Tallahassee, Florida 32302-1500



July 22, 2003

Dear Sir or Madam:

This letter is to inform your office that I never received my UBR form to file it for 2003. I called the Dep of state and they advised me to down lode a blank form. Your office also advised me to send a letter stating I did not receive my form and give the correct mailing address so the form can get to my t office on time next year. Your office said all penalties would be waved. Thank you for your time in concerning this matter.

Sincerely,

PHILP EVICH, PA 5860 N W 44TH STREET #714 LAUDERHILL, FL 33319