

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

DOCUMENT # P02000089864 1. Entity Name A TWO Z SERVICES INC						90133512	
Principal Place of Business 429 EAST KENNEDY BLVD EATONVILLE, FL 32751				Mailing Address 429 EAST KENNEDY BLVD EATONVILLE, FL 32751			
2. Principal Place of Business 429 East Kennedy Suite, Apt. #, etc.				3. Mailing Address P.O. Box 2316 Suite, Apt. #, etc.			
City & State Eatonville FL				City & State Eatonville FL			
Zip 32751				Zip 32751			
Country Orange				Country Orange			
4. FEI Number 22-3865025				Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MORRIS, SHANDA 305 EAST GLENN RD MONTICELLO, FL 32344				7. Name and Address of New Registered Agent Name Shanda Morris Street Address (P.O. Box Number is Not Acceptable) 200 West Ave Apt 13 City Maitland State FL Zip Code 32751			
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 Shanda Morris Date 5/1/03 (Signature, typed or printed name of registered agent and date of filing)							
FILED MAY 13 2003 FEE \$190.00 ARRAR MAY 13 2003 FEE \$580.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME P MCKNIGHT, LOIS ☐ Delete STREET ADDRESS 7306 WOODRIDGE PK DR 4-308 CITY-STATE-ZIP ORLANDO, FL 32818				TITLE NAME MCKnight, LOIS ☒ Change ☐ Addition STREET ADDRESS 6438 Montclair Bluff lane CITY-STATE-ZIP Windermere FL 34786			
TITLE NAME V MCKNIGHT, BARRY ☐ Delete STREET ADDRESS 606 HARBOR PT BLVD CITY-STATE-ZIP ORLANDO, FL 32836				TITLE NAME BARRY MCKnight ☒ Change ☐ Addition STREET ADDRESS 6438 Montclair Bluff lane CITY-STATE-ZIP Windermere FL 34786			
TITLE NAME ☐ Delete STREET ADDRESS CITY-STATE-ZIP				TITLE NAME ☐ Change ☐ Addition STREET ADDRESS CITY-STATE-ZIP			
TITLE NAME ☐ Delete STREET ADDRESS CITY-STATE-ZIP				TITLE NAME ☐ Change ☐ Addition STREET ADDRESS CITY-STATE-ZIP			
TITLE NAME ☐ Delete STREET ADDRESS CITY-STATE-ZIP				TITLE NAME ☐ Change ☐ Addition STREET ADDRESS CITY-STATE-ZIP			
TITLE NAME ☐ Delete STREET ADDRESS CITY-STATE-ZIP				TITLE NAME ☐ Change ☐ Addition STREET ADDRESS CITY-STATE-ZIP			
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 empowered.							
SIGNATURE: Lois McKnight Date 5/1/03 Phone 407-652-6803 (Signature and typed or printed name of signing officer or director)							

Please be advised we never received renewal forms Address change never updated.

CR2034 (10/02)