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(Requestor's Name)		
(Address)		
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(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Sibu Marketing Research, INC.
(Name of corporation)
DOCUMENT NUMBER:
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Donna Russell (Name of person)
Sibu Marketing Research INC.
161 Vassar Drive
lake Worth Ft 33460 (City/state and zip code)
For further information concerning this matter, please call:
Donna Russell at (56) 56-7792 (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 6	17.0502, 607.1508, or 617.1508, Florida Statutes, this	statement of
change is submitted for a corporation organized u	nder the laws of the State of	in order
to change its registered office or registered agent,	or both, in the State of Florida.	
1. The name of the corporation: Sibu	Marketing Researce	ch loc
2. The principal office address: 16 Va	ssar Drivel, Lake W	orthe H
		3-3460
3. The mailing address (if different):	-same -	
4. Date of incorporation/qualification:	07 Document number: 7020010	77654
5. The name and street address of the current regist Florida Department of State:		
Ancorodina	Survey Company	
Corporation	Solvie Company	±1
1201 Hays	27.	
Tarlahassey	FL. 32301	· · · · · ·
6. The name and street address of the new registere	ed agent (if changed) and /or registered office	
(if changed):		
Donna	Kussell	FILET 04 JAN 26 1 PLUBETARY
161 Vass	ersonal mailbox NOT acceptable)	D AH 9: OF ST
Lake U	Jarth, G 33460	23 ATE ORIDA
The street address of its registered office and the changed will be identical.	street address of the business office of its registered	l agent, as
Such change was authorized by resolution duly a the board, or the corporation has been notified in	adopted by its board of directors or by an officer so a writing of the change.	authorized by
(Signature of arrothicer or diffector)	DONNA RUSSECC (Printed or typed name and title)	, PRESIDENT
I hereby accept the appointment as registered as I further agree to comply with the provisions of a duties, and I am familiar with and accept the obl being filed merely to reflect a change in the regis been notified in writing of this change.	gent and agree to act in this capacity. all statutes relative to the proper and complete perfo ligation of my position as registered agent. Or, if th stered office address, I hereby confirm that the corp	ormance of my is document is oration has
	12-30.03	
(Stenature of Registered Agent)	(Date)	7
If signing on behalf of an entity:		
DONNA KUSSELL	PRESIDENT	
(Typed or Printed Name)	(Capacity)	

* * * FILING FEE: \$35.00 * * *