


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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90144 043 ***150.00

DOCUMENT # PO20000108013
1. Entity Name
SECTION 508-US, INC.



11032981

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1236 Grey Stone Ln
Suite, Apt. #, etc.

3. Mailing Address
1236 Grey Stone Ln
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Pensacola FL City & State Pensacola FL 4. FEI Number 42-1552739 Applied For
Not Applicable

Zip 32574 Country Escambia Zip 32574 Country Escambia 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Cheryl A Van Rander
Street Address (P.O. Box Number is Not Acceptable)
1236 Grey Stone Lane
City Pensacola FL Zip Code 32574

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>CEO - owner Cheryl A Van Rander 1236 Grey Stone Lane Pensacola FL 32574</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>CEO Michael Van Rander 1236 Grey Stone Lane Pensacola FL 32574</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Partner Treasurer Doraine Ransen 7910 Bay 2 + Grande Pensacola FL 32574</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE

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: Michael Van Rander Date 04-30-03 Daytime Phone # 850 474 4733

CR2E034B (12/02)