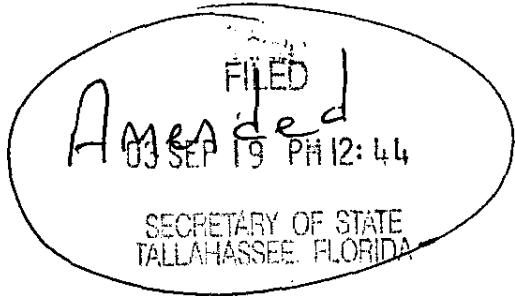


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000114434

1. Entity Name
X-PERIENCE-ART WORK FOUNDATION, INC.

Principal Place of Business
**1140 LEE BLVD.
SUITE 101
LEHIGH-ACRES, FL 33936 US**

Mailing Address
**PO BOX 1361
LEHIGH-ACRES, FL 33970 US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**PFUNER, JOHANN
159 SCENIC STR.
LEHIGH-ACRES, FL 33936**

7. Name and Address of New Registered Agent
Name **Deetscreek, David D.**
Street Address (P.O. Box Number is Not Acceptable)
1708 Englewood Avenue
City **Lehigh Acres** FL Zip Code **33972**

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 *David D. Deetscreek* **David D. Deetscreek (Director)** 9/17/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Amended UBR is \$67.25
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PFUNER, JOHANN 1458 SCENIC STR. LEHIGH-ACRES, FL 33936 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Deetscreek, David D 1708 Englewood Avenue Lehigh Acres, FL 33972 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR. LOIDL, KATARINA 703 CANTERBURY CIR. LEHIGH-ACRES, FL 33936 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D 300023237249 09/22/03--01053--019 **70.00 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *David D. Deetscreek* **David D. Deetscreek** 9/17/03 239-368-2880
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (10/02)

9/19