2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003
Secretary of State

DOCUMENT# P02000128543

Entity Name: TIMELESS REUNIONS, INC.

Current Principal Place of Business:

4073 ROSE OF SHARON DR.
ORLANDO, FL 32808

New Principal Place of Business:

3337 S. KIRKMAN RD.
627
ORLANDO, FL 328112499

Current Mailing Address:

4073 ROSE OF SHARON DR.
ORLANDO, FL 32808

New Mailing Address:

7512 DR. PHILLIPS BLVD
SUITE 50 PMB 206
ORLANDO, FL 32819

FEI Number: 02-0664071 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLLINS, TIMOTHY G
4073 ROSE OF SHARON DR.
ORLANDO, FL 32808

Name and Address of New Registered Agent:

COLLINS, CAROL L
4073 ROSE OF SHARON DR.
ORLANDO, FL 32808

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.

SIGNATURE: CAROL L COLLINS 04/17/2003
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Change (X) Addition
Name: COLLINS, WARREN J
Address: 5700 ESCONDIDA BLVD S
City-St-Zip: SAINT PETERSBURG, FL 337151482

Title: C/S ( ) Change (X) Addition
Name: COLLINS, TIMOTHY G
Address: 3337 S. KIRKMAN RD. APT#627
City-St-Zip: ORLANDO, FL 328112499

Title: D ( ) Change (X) Addition
Name: COLLINS, CAROL L
Address: 4073 ROSE OF SHARON DR.
City-St-Zip: ORLANDO, FL 328082740

Title: D ( ) Change (X) Addition
Name: MUNERA, JOHN O
Address: 1862 HAMMOCK MOSS RD.
City-St-Zip: ORLANDO, FL 32820

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY G COLLINS C/S 04/17/2003
Electronic Signature of Signing Officer or Director Date