FILED
May 19, 2003 8:00 am
Secretary of State

04-23-2003 90208 004 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000129054

1. Entity Name
AMLESON, INC.

55041716

Principal Place of Business	Mailing Address
1181 SUMPTER BLVD. NORTH PORT, FL 34287	1181 SUMPTER BLVD. NORTH PORT, FL 34287

[X] CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	c/o Jack O. Hackett, Esq.
Suite, Apt #, etc.	Suite, Apt. #, etc. 99 Nesbit Street
City & State	City & State Punta Gorda, FL
Zip / Country	Zip 33950 / Country

4. FEI Number 83-0343955 — [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCOTT, SAMUEL W MR. 1049 HARBOUR CAPE PLACE PUNTA GORDA, FL 33983	Name: Jack O. Hackett II, Esquire Street Address (P.O. Box Number is Not Acceptable): 99 Nesbit Street City: Punta Gorda FL Zip Code 33950

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: [signature] Jack O. Hackett II — 5/13/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00 After May 1, 2003 Fee will be $550.00 Make Checks 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	P	[ ] Delete	TITLE	D/P	[X] Change [ ] Addition
NAME	SCOTT, SAMUEL W		NAME	Scott, Samuel W.	
STREET ADDRESS	1049 HARBOUR CAPE PLACE		STREET ADDRESS	1049 Harbour Cape Place	
CITY-ST-ZIP	PUNTA GORDA, FL 33983		CITY-ST-ZIP	Punta Gorda, Fl 33983	
TITLE	VP	[ ] Delete	TITLE	VP/S/T/D	[X] Change [ ] Addition
NAME	SCOTT, HELEN B		NAME	Scott, Helen B.	
STREET ADDRESS	1049 HARBOUR CAPE PLACE		STREET ADDRESS	1049 Harbour Cape Place	
CITY-ST-ZIP	PUNTA GORDA, FL 33983		CITY-ST-ZIP	Punta Gorda, FL 33983	
TITLE		[ ] Delete	TITLE		[ ] Change [ ] Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		[ ] Delete	TITLE		[ ] Change [ ] Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		[ ] Delete	TITLE		[ ] Change [ ] Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		[ ] Delete	TITLE		[ ] Change [ ] Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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: [signature] Samuel W. Scott 4/16/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #