


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 23, 2003 8:00 am
Secretary of State

04-23-2003 90300 025 ***150.00

DOCUMENT # P02000134002			
1. Entity Name ESCALADE INVESTMENT GROUP INC.			
Principal Place of Business 305 ROOSEVELT SQ. OVIEDO FL 32765		Mailing Address 305 ROOSEVELT SQ. OVIEDO FL 32765	
2. Principal Place of Business 1000 No. ALAFAYA TRAIL		3. Mailing Address 1000 No. ALAFAYA TRAIL	
Suite, Apt. #, etc. 781136		Suite, Apt. #, etc. 781136	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32878		Zip 32878	
Country		Country	
4. FEI Number 90-0057939		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WRIGHT, STEPHANIE L 305 ROOSEVELT SQ. OVIEDO FL 32765		7. Name and Address of New Registered Agent Name STEPHANIE L. WRIGHT Street Address (P.O. Box Number is Not Acceptable) 861 CHERRY VALLEY WAY City ORLANDO, FL Zip Code 32828	
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: <i>Stephanie Wright / President</i> DATE: 4/20/03 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD WRIGHT, STEPHANIE L 305 ROOSEVELT SQ. OVIEDO FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEPHANIE L. WRIGHT 1000 NO. ALAFAYA TRAIL 781136 ORLANDO, FL. 32878 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED		<i>Stephanie Wright</i> 5/15/03 (407) 475-8540 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	

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CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)