

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

05/03/04 90138 004 \$100.00  
05/03/04 91223 037 \$50.00

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P03000022002  
1. Entity Name  
REBECCA KAY KORVER PA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
10480 SE 101ST AVE RD  
Suite, Apt. #, etc.

3. Mailing Address  
10480 SE 101ST AVE RD  
Suite, Apt. #, etc.

City & State  
BELLEVIEW, FL

City & State  
BELLEVIEW, FL.

Zip Country  
34420-3606

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34420-3606

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3768670

Applied For  
 Not Applicable

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  
REBECCA K KORVER

Street Address (P.O. Box Number is Not Acceptable)  
10480 SE 101ST AVE RD

City State Zip Code  
BELLEVIEW FL 34420

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, typed or printed name of registered agent and title if applicable. (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                     |   | 11.  |                                       |
|--|---|--|---------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DPST<br>REBECCA K KORVER<br>10480 SE 101ST AVE RD<br>BELLEVIEW, FL. 34420 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |

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: Rebecca Korver      4/30/04      (CPA)3527538900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #