## 2003 FOR PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR)



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## FILED Feb 14, 2003 8:00 am Secretary of State 01-16-2003 90137 029 \*\*\*150.00

TITLE NAME STRET ADDRESS CITY-ST-ZIP		VIEN I # P920 SERVICES, INC.	00007362		0. 10 2005 30			
Surie, Apt. #, etc.  Surie, Apt. #, etc.  Surie, Apt. #, etc.  City & State  City & St	137 SOUTH C	OURTNEY PARKWAY	P.O. BOX 1205 COCOA FL 32923-1205					
City & State  Country  Country  Country  Country  S. Certificate of Status Desired  S. S. Additional Fee Required Fee	2. Principal Place of Business		3. Mailing Address			DIST ANTIC TO A DE LEGAL I	alla mar Jam	
Zip Country Zip Country 59-3154291   Not Applicat  Zip Country Zip Country 5, Certificate of Status Desired	Suite, Apt. #, etc.		Suite, Apt. #, etc.				- Kad Paa	
S. Cortificate of Status and Address of New Registered Agent  7. Hame and Address of New Registered Agent  Name  PAIGE, EVERETT  137 S. COURTINEY PARKWAY  MERRITT ISLAND FL 32952  City FL Zip Code  8. The above named and you supfails this statement was purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable to be a control of family supfails the statement was purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable to be a control of family supfails the statement of family supfails agent and the recitation.  8. The above named and you supfails the statement of family supfails agent and the recitation.  8. The above named and you supfails the statement of family supfails agent and the recitation.  8. The above named and you supfails agent and the recitation.  9. Election Campelign Finanching Institute Control of State of Florida. I am familiar with, and acceptable to Florida Department of State  NAME STREET ADDRESS CONTROL STREET ADDRESS C	City & State		City & State		4. FEI Number 59-3154291	No	t Applicable	
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After May 1, 2003 Fee will be \$550.00  Make Check Poyable to Florida Department of State  10.	SIGNATORY	Signature, typed or printed name of rigistated ag	ent and title if applicable. (f	VOTE: Registered Agent signature requi	ired when reinstating)			
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made thidder daily, that it all this report is true and accurate and that my signature shall have the same legal effect as it made thidder daily, that it all 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.