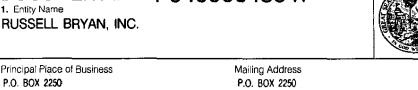
## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## P94000048647 **DOCUMENT #** 1. Entity Name

DUÇELI BOVAN INC



**FILED** Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90336 001 \*\*\*450.00

RUSSELL BRYAIN, INC.					
P.O. BOX 2250 P.O. BOX 225		Mailing Address P.O. BOX 2250 UMATILLA FL 32784			
2. Principal F	Place of Business	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State		City & State		4 EEI Number	
		Oily & State		59-3251258 Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required —	
	6. Name and Address of Curre	nt Registered Agent	Namo	7. Name and Address of New Registered Agent	
BRYAN, G. RUSSELL			Name		
	ENTRAL AVE.		Street Addres	ss (P.O. Box Number is Not Acceptable)	
	4 FL 32784				
			City	FL Zip Code	
8. The above	named entity submits this statement	for the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept	
	tions of registered agent,		ů,		
SIGNATURE					
	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE	E: Registered Agent signature requ	uired when reinstating) DATE	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department			9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees	
10.	OFFICERS AN	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYAN, G. RUSSELL 243 S. CENTRAL AVE. UMATILLA FL 32784	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-7IP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST ZIP	☐ Change ☐ Addition	

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 impowered 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 impowered.

SIGNATURE:

G OFFICER OR DIRECTOR