

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93599 025 ***150.00

2002

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000091924

1. Entity Name
TECHNICAL WRITING SERVICE OF LAKE COUNTY, INC.

Principal Place of Business Mailing Address
6905 TREASURE ISLAND RD. LEESBURG FL 34788

2. Principal Place of Business 3. Mailing Address
54 BEVERLY DR

Suite, Apt. #, etc. City & State
SOMERS CT

City & State Zip Country
06071

4. FEI Number **59-3290303** Approved For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 NORTH ORANGE AVE.
SUITE 1100
ORLANDO FL 32801

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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

SIGNATURE
 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registered.)

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$580.00
After September 15, 2004 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

<input type="checkbox"/> Delete	TITLE D	NAME HEPLER, DONALD E
	STREET ADDRESS 6905 TREASURE ISLAND RD.	CITY-STATE-ZIP LEESBURG FL 34788
<input type="checkbox"/> Delete	TITLE D	NAME HEPLER, DONNA E
	STREET ADDRESS 6905 TREASURE ISLAND RD.	CITY-STATE-ZIP LEESBURG FL 34788
<input type="checkbox"/> Delete	TITLE	NAME
	STREET ADDRESS	CITY-STATE-ZIP
<input type="checkbox"/> Delete	TITLE	NAME
	STREET ADDRESS	CITY-STATE-ZIP
<input type="checkbox"/> Delete	TITLE	NAME
	STREET ADDRESS	CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME
	STREET ADDRESS	CITY-STATE-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME
	STREET ADDRESS	CITY-STATE-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME
	STREET ADDRESS	CITY-STATE-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME
	STREET ADDRESS	CITY-STATE-ZIP

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, trustee or empowered person in this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 if changed, or on an attachment.

SIGNATURE: *[Handwritten Signature]*