Daytime Phone #

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED P95000010071 DOCUMENT # 1. Entity Name CHARLES E. THORPE, INC. 03 JUL 29 AM 8: 50 SECRETARY OF STATE TALLAHASSEE. FLORIDA Principal Place of Business Mailing Address 304 LAKE DOE BLVD. 304 LAKE DOE BLVD. APOPKA FL 32703 APOPKA FL 32703 US 3. Mailing Address 2. Principal Place of Business 304 LAKE Suite, Apt. #, etc. Suite, Apt. #, et ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-3263749 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 70 an Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THORPE, CHARLES E Street Address (P.O. Box Number is Not Acceptable) 304 LAKE DOE BLVD. APOPKA FL 32703 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE:NOWILL FEE IS \$550.00 eptembers 0, 2003 Fee will be \$750.00 ckipayable (officion Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE . Delete TITLE Change ☐ Addition THORPE, CHARLES E NAME NAME 200021764832 STREET ADDRESS 304 LAKE DOE BLVD. STREET ADDRESS 07/24/03--01057--002 **300.00 CITY-ST-ZIP APOPKA FL 32703 CITY-ST-ZIP ☐ Change TITI F Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE 🗀 Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 gustee 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



Information Technology, Telecommunications, Logistics, Engineering, Facilities Management, Education and Training Technical Support Services

July 18, 2003

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314

RE: P95000010071/P02000009480

The purpose of this letter is to inform the Division of Corporations that, for whatever reason, the above mentioned corporate uniform business reports were not received by corporate headquarters until June of 2003. The reports received appear to indicate that the reports are delinquent.

Given that the original reports were never received, and per instructions of your voice mail system, again, this letter is being written to inform of the situation and to file required reports.

Standard fees, which would have normally been paid along with the timely receipt of the report earlier in the year are included.

Charles E. Thorpe

CEO