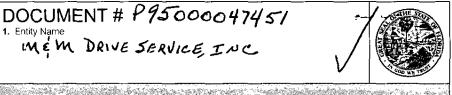
## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000047451

MEM DRIVE SERVICE INC



## **FILED** Apr 16, 2003 8:00 am Secretary of State

04-16-2003 90168 018 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE				JUU00233	
2. Principal Place of Business 6839 MARCOSSEE ROAD Suite, Apt. #, etc. 5TE 45		3. Mailing Address POBOX 720609  Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State ORLANDO FL		City & State ORLANDO, FL		4. FEI Number Applied For 59-332/198 Not Applicable	
	5 Country 45A	32825	Country	Fee F	75 Additional Required
	DO NOT W IN THIS SE	RITE	Street did te	7. Name and Address of Current Registered Age  ARY M. MANN (P.D. Boy Number is Not/Acceptable)  LAKE GNDER HILL  ANDO FL	ROAD
the obligations	s of registered agent.	- Fried	s registered office or registe	red agent, or both, in the State of Florida. Fam familia	
Aft 3 A	ry 1 - May 1 Fee Is \$150.00 or May 1, Fee is \$550.00 mended UBR is \$61.25 lyable to Florida Department of	State		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS AND	Service Control of the Control of th		Constitution of the second second	A Section Section
NAME STREET ADDRESS CITY-ST-ZIP	NANN, GARY NANN, GARY DRLANDO, FL. 3	2HICL RD 32825	TIFLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE			TITLE		

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP