

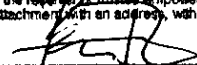


**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90214 034 \*\*\*150.00

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

<b>DOCUMENT # P95000082578</b>			
1. Entity Name <b>TRUSLOW ENTERPRISES, INC.</b>			
Principal Place of Business 211 DALE STREET EDGEWATER, FL 32192		Mailing Address 111 CUNNINGHAM DR. NEW SMYRNA BEACH, FL 32168	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>65-0627298</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>COMMETTE, PETER M ESQ.</b> 1323 S.E. 3RD AVE. FT. LAUDERDALE, FL 33316		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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		DATE	
			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent Signature required when resigning)	
		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
<b>PD</b>			
<b>TRUSLOW, PETER</b>			
<b>111 CUNNINGHAM DRIVE</b>			
<b>NEW SMYRNA BEACH, FL 32168</b>			
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 registered trustee 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 with an address, with all other like empowered.			
SIGNATURE: 		Date: <b>4/28/03</b> Phone: <b>386-426-5457</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

11034117



CHECK HERE IF MAKING CHANGES

CFR2034 (10/02)