


**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90233 016 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P96000025032**

1. Corporation Name  
**U.F.B.S., INC.**

Principal Place of Business  
**620 CRANES WAY, STE. 207**  
**ALTAMONTE SPRINGS FL 32701**

Mailing Address  
**620 CRANES WAY, STE. 207**  
**ALTAMONTE SPRINGS FL 32701**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>643 Little Wokiva Rd</b>		26 <b>P.O. Box 151167</b>		03/15/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3327812	
City & State		City & State		Applied For	
23 <b>Altamonte Springs FL</b>		28 <b>Altamonte Springs FL</b>		Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/>	
24 <b>32714</b>		29 <b>32785</b>		30 <b>Seminole</b>	
Country		Country		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25 <b>Seminole</b>		30 <b>Seminole</b>		5. \$8.75 Additional Fee Required	
26 <b>Seminole</b>		30 <b>Seminole</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
27 <b>Seminole</b>		30 <b>Seminole</b>		7. \$5.00 May Be Added to Fees	
28 <b>Seminole</b>		30 <b>Seminole</b>		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
29 <b>Seminole</b>		30 <b>Seminole</b>		9. Name and Address of Current Registered Agent	
30 <b>Seminole</b>		30 <b>Seminole</b>		10. Name and Address of New Registered Agent	

**LAURIA, RONALD G**  
**620 CRANES WAY, STE. 207**  
**ALTAMONTE SPRINGS FL 32701**

81 Name **JAMES R. LEO**  
 82 Street Address (P.O. Box Number is Not Acceptable) **643 LITTLE WOKIVA RD**  
 83 **Altamonte Springs FL**  
 84 City **Altamonte Springs FL** 85 Zip Code **32714**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or typed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>DP</b>		1.1 TITLE <b>DP</b>	
1.2 NAME <b>LAURIA, RONALD G</b>		1.2 NAME <b>JAMES R. LEO</b>	
1.3 STREET ADDRESS <b>620 CRANES WAY, STE. 207</b>		1.3 STREET ADDRESS <b>643 LITTLE WOKIVA RD</b>	
1.4 CITY-ST-ZIP <b>ALTAMONTE SPRINGS FL 32701</b>		1.4 CITY-ST-ZIP <b>Altamonte Springs, FL 32714</b>	
2.1 TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME		2.2 NAME	
2.3 STREET ADDRESS		2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	
3.1 TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

**2/17/99** **407-788-1882**