2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

P97000007273 **DOCUMENT#**

1. Entity Name STEVE TACOVELLI AND ASSOCIATES, INC.

Principal Place of Business



FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90483 049 ***150.00

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THE CONTROL OF THE PROPERTY OF CORAL SPRINGS FL 33067 TILE NAME SIRET ADDRESS CITY-S1-ZIP TITLE NAME SIRET ADDRESS CITY-	6248 NW 38 DRIVE CORAL SPRINGS FL 33067		6248 NW 38 DRIVE CORAL SPRINGS FL 33067				11003501				
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TACOVELLI, STEVEN 6248 NW 38 DRIVE CORAL SPRINGS FL 33067 En above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent or registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent or registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligation	Zip	Country	Zip Coun		ry	5. (5. Certificate of Status Desired				
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CORAL SPRINGS FL 33067 City FL Zip Code		· -				dress (P.O.* B	ox Number is Not Acceptable)				
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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. If am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, Tyted or official agent and itself espiticable (NOTE: Registered Agent signature required when reincauring) DATE	CURAL SPRING	iS FL 33067									
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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 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:

INTED NAME OF SIGNING OFFICER OF DIRECTOR

4-18-03