


FILED  
Apr 30, 2003 8:00 am  
Secretary of State

04-30-2003 90136 022 \*\*\*150.00

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

<b>DOCUMENT # P97000053822</b>			
1. Entity Name <b>LABREE MANAGEMENT, INC.</b>			
Principal Place of Business <b>1400 WEST OAK STREET #A KISSIMMEE, FL 34741</b>		Mailing Address <b>P.O. BOX 421408 KISSIMMEE, FL 34742</b>	
2. Principal Place of Business <b>750 OFFICE PLAZA BLVD</b>		3. Mailing Address	
Suite, Apt. #, etc. <b>SUITE 303</b>		Suite, Apt. #, etc.	
City & State <b>Kissimmee, FL</b>		City & State	
Zip <b>34744-4949</b>	Country	Zip	Country
4. FEI Number <b>59-3460252</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>WAKEFIELD, S C ESQ 1400 WEST OAK STREET #A KISSIMMEE, FL 34741</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) <b>750 OFFICE PLAZA BLVD SUITE 303 Kissimmee FL 34744-4949</b>	
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 _____ (NOTE: Registered Agent's signature required when submitting)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HITSON, WILLIAM M 1400 WEST OAK STREET #A KISSIMMEE, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>750 OFFICE PLAZA BLVD, SUITE 303 Kissimmee, FL 34744-4949</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>William M. Hitson</u>		Date: <u>4/26/2003</u> Daytime Phone #: <u>407-846-7113</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CR2E034 (10/02)