2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000068697

Entity Name: PROVIDE US CORPORATION

401 SEVEN PINES CT

SANDSTON, VA 23150

Address:

City-St-Zip:

FILED Apr 27, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 401 SEVEN PINES CT. SANDSTON, VA 23150 US **Current Mailing Address: New Mailing Address:** 401 SEVEN PINES CT. SANDSTON, VA 23150 US **FEI Number:** FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KLINE, STARLETT 3200 PORT ROYALE DR N #704 FT LAUDERDALE, FL 33308 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. SIGNATURE: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: VPD () Delete () Change () Addition PARKER, SHEILA G Name: Name: 401 SEVEN PINES CT Address: Address: City-St-Zip: SANDSTON, VA 23150 City-St-Zip: Title: PD Title: () Delete (X) Change () Addition SMITH, ANTHONY C SR Name: SMITH, ANTHONY C SR Name: 8243 FOURSCORE DR. 401 SEVEN PINES COURT Address: Address: MECHANICSVILLE, VA 23111 SANDSTON, VA 23150 City-St-Zip: City-St-Zip: () Delete Title: Title: SD () Change () Addition PARKER, JEROME M Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: SHEILA G. PARKER VPD 04/27/2002