

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91888 041 ***150.00

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

DOCUMENT # P97000091147

1. Entity Name
ASTRO BOY HI PERFORMANCE SALES & SERVICES, INC.



Principal Place of Business
18765 EAST COLONIAL DRIVE
ORLANDO, FL 32820

Mailing Address
18765 EAST COLONIAL DRIVE
ORLANDO, FL 32820

2. Principal Place of Business

3. Mailing Address

SURE, ADL #, etc.

SURE, ADL #, etc.

City & State

City & State

Zip

Country

Zip

COUNTRY

6. Name and Address of Current Registered Agent

ARCE, EDWIN E
2209 ARCHER BLVD
ORLANDO, FL 32833


Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

11040460



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3478098** Applied For Not Applicable

5. Certificate of State Desired \$8.75 Additional Fee Required

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 _____

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN IT	
TITLE	PTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP	ARCE, EDWIN E 2209 ARCHER BLVD ORLANDO, FL 32833	NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP	ARCE, CAROL 2209 ARCHER BLVD ORLANDO, FL 32833	NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information furnished with this filing does not qualify for the exemption stated in Section 190.07(3)(D), Florida Statutes. I further certify that the information included on this report or supplements, report, return and accounts and that my signature and have the same legal effect as if made under oath that I am an officer or director of the corporation or the recipient or trustee. I understand and agree to provide this report as required by Chapter 607, Florida Statutes and that my name appears in block 10 or block 11 if checked, or on an attachment to this report, with all other information provided.

SIGNATURE: _____ DATE: **5-01-03 407-568-1119**