




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
4. FET Number 59-3478098		Applied For Not Applicable	
5. Certificate of State Desired <input type="checkbox"/>		58.75 Additional Fee Required <input type="checkbox"/>	
6. Name and Address of Current Registered Agent ARCE, EDWIN E 2209 ARCHER BLVD ORLANDO, FL 32833		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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. <input type="checkbox"/>		\$5.00 May Be Added to Fees <input type="checkbox"/>	
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	ARCE, EDWIN E	NAME	
STREET ADDRESS	2209 ARCHER BLVD	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32833	CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARCE, CAROL	NAME	
STREET ADDRESS	2209 ARCHER BLVD	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32833	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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, name and address 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: 		5-01-03 407-568-1119	

11040460



CHECK HERE IF MAKING CHANGES

DIRECTOR (10/03)