2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000004753

Apr 25, 2002 8:00 AM Secretary of State

Entity Name: MAINTENANCE AND CONSULTATION SERVICES CORPORATION

Current Principal Place of Business: New Principal Place of Business: 5447 EMERALD DRIVE 302 E FORT DADE AVE. RIDGE MANOR, FL 335238918 BROOKSVILLE, FL 34601 **Current Mailing Address: New Mailing Address:** P.O. BOX 944 P.O. BOX 1595 TRILBY, FL 335930944 BROOKSVILLE, FL 34605-159 FEI Number: 59-3491879 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TYSON, ROBIN D TYSON, ROBIN D 302 E FORT DADE AVE 5447 EMERALD DRIVE RIDGE MANOR, FL 335238918 US BROOKSVILLE, FL 34601 US 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: 04/25/2002 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: (X) Change () Addition PSD () Delete Title: VPSD TYSON, ROBIN D TYSON, ROBIN D Name: Name: 5447 EMERALD DR 302 E FORT DADE AVE Address: Address: City-St-Zip: RIDGE MANOR, FL 335238918 City-St-Zip: BROOKSVILLE, FL 34601 Title: () Delete Title: () Change (X) Addition TYSON, JOHNNY W Name: Name: Address: Address: 302 E FORT DADE AVE BROOKSVILLE, FL 34601 City-St-Zip: City-St-Zip:

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.

SIGNATURE: ROBIN D TYSON VPDS 04/25/2002