FILED
Apr 29, 2003 8:00 am
Secretary of State
04-29-2003 90067 027 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

10090774

DOCUMENT # P98000007714

1. Entity Name
RIGHTSIZING UNLIMITED, INC.

Principal Place of Business	Mailing Address
YULEE CONAHAN FL P.O. BOX 1449 CALLAHAN, FL 32011	2606 IONAS DR CALLAHAN, FL 32011

2. Principal Place of Business	3. Mailing Address
45113 Snicker Trail Suite, Apt. #, etc.	45113 SNICKERS TRAIL Suite, Apt. #, etc.
CALLAHAN FL City & State	CALLAHAN, FL City & State
32011 Zip / Country: NASSAU	32011 Zip / Country: NASSAU

X CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3209088 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EBY, TERRY L 2606 JONES DR CALLAHAN, FL 32011	Name Street Address (P.O. Box Number is Not Acceptable) 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

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. ☐ $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	P EBY, TERRY L ~~2606 JONES DR~~ 45113 Snickers Trail CALLAHAN, FL 32011	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~☐ Change~~ ☐ Addition 45113 Snicker Trail
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP EBY, MARILYN J ~~2606 JONES DR~~ 45113 Snickers Trail CALLAHAN, FL 32011	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~☐ Change~~ ☐ Addition 45113 Snickers Trail
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T EBY, TERRY L ~~2606 JONES DR~~ Same CALLAHAN, FL 32011	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~☐ Change~~ ☐ Addition 45113 Snickers Trail
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S EBY, MARILYN J ~~2606 JONES DR~~ Same CALLAHAN, FL 32011	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~☐ Change~~ ☐ Addition 45113 Snicker Trail
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: Terry L Eby 4/26/03 904 879 0260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #