2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000031054 **DOCUMENT #**



FILED Mar 12, 2003 8:00 am Secretary of State

Zip Country	1. Entity Name HOLSTEIN & ASSOCIATES, INC.					03-12-2003 90103 006 ***150.00		
Surie, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State Cuntry Zip Country 5. Certificate of Status Desired \$8.75 Additions See Required E. Name and Address of Current Registered Agent 7. Name and Address of Name Registered Agent HOLSTEIN, THOMAS 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 agent. or both, in the State of Florida. I am familier with, and a the obligations of registered agent and size 4 applicable. SIGNATURE Signature, byerd or printed rame of registered agent and size 4 applicable. NOTE: Registered Agent signature registered agent and size 4 applicable. NOTE: Registered Agent signature registered agent and size 4 applicable. PLE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	156 OAK GR	ROVE CIRCLE	156 OAK GROVE	CIRCLE				
City & State Country S. Certificate of Status Desired S8.75 Additional Fee Required S8.75 Additional Fee Required S8.75 Additional Fee Required S16 OAK GROVE CIRCLE LAKE MARY FL 32746 City FL Zip Code On 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 a state of the obligations of registered agent and title dispituable. City FL Zip Code City FL Zip Code On The above named entity submits this statement for the purpose of changing its registered affect or registered agent, or both, in the State of Florida. I am familiar with, and a state of Florida Department of the obligations of registered agent and title dispituable. City FL Zip Code On The above named entity submits this statement for the purpose of changing its registered agent age	Principal Place of Business 3. Mailing Ad			Address				
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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