

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90126 010 ***150.00

DOCUMENT # P98000033148
 1. Entity Name *Pumpo, ETC, Inc.*

Principal Place of Business *Orlando, FL* Mailing Address *4085-H LB McLeod Rd Orlando, FL 32811*

2. Principal Place of Business *Orlando Florida* 3. Mailing Address *4085-H LB McLeod Rd*
 Suite, Apt. #, etc. Suite, Apt. #, etc. *Suite #*

City & State *Orlando FL* City & State *Orlando FL*
 Zip *Orange* Country *Orange* Zip *32811* Country *Orange*

4. FEI Number *59-3504629* Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

00845520

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
*Winderweede, Haines, WARD + Woodman, P.A.
 1500 Nationsbank Center
 390 North Orange Ave
 Orlando, FL 32801*

7. Name and Address of New Registered Agent
 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.
 SIGNATURE *Laura Davidson* (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	<i>President</i>	<input type="checkbox"/> Delete
NAME	<i>Laura Davidson</i>	
STREET ADDRESS	<i>6041 Sand Pines EST Blvd</i>	
CITY-ST-ZIP	<i>Orlando FL 32819</i>	
TITLE	<i>Vice President</i>	<input type="checkbox"/> Delete
NAME	<i>Peter J Davidson</i>	
STREET ADDRESS	<i>6041 Sand Pines EST Blvd</i>	
CITY-ST-ZIP	<i>Orlando FL 32819</i>	
TITLE	<i>Treasurer</i>	<input type="checkbox"/> Delete
NAME	<i>Peter Davidson</i>	
STREET ADDRESS	<i>6041 Sand Pines EST Blvd</i>	
CITY-ST-ZIP	<i>Orlando, FL 32819</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Laura Davidson President* *4/25/2000 407-426-8337*