

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90001 034 ***158.75

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000101521

1. Entity Name
TRS @ FISKE, INC.

Principal Place of Business 1370 SARNO ROAD #A MELBOURNE FL 32935	Mailing Address 1370 SARNO ROAD #A MELBOURNE FL 32935
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2. Principal Place of Business 47 MARINA ISLES BLD	3. Mailing Address 47 MARINA ISLES BLD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Indian Harbour Beach FL	City & State Indian Harbour Beach FL
Zip 32937	Country Brevard

4. FEI Number 59-3562371	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**OSWALD, KENNETH F
600 COURTLAND STREET
SUITE 110
ORLANDO FL 32804**

7. Name and Address of New Registered Agent

Name
DONALD E LEES

Street Address (P.O. Box Number is Not Acceptable)
47 MARINA ISLES BLD

City
Indian Harbour Beach FL

Zip Code
32937

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 *Donald E Lees* DATE 1/5/2001

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE SAVELL, MICAH G	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 1370 SARNO ROAD #A		NAME MELBOURNE FL 32935	
STREET ADDRESS MELBOURNE FL 32935		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE DIRECTOR, PRESIDENT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DONALD E LEES		NAME	
STREET ADDRESS 47 MARINA ISLES BLD		STREET ADDRESS	
CITY-ST-ZIP Indian Harbour Beach FL 32937		CITY-ST-ZIP	
TITLE DIRECTOR, SECRETARY	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LINDA L. LEES		NAME	
STREET ADDRESS 47 MARINA ISLES BLD		STREET ADDRESS	
CITY-ST-ZIP Indian Harbour Beach FL 32937		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	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Donald E Lees* DATE 1/5/2001 321-403-9591

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)