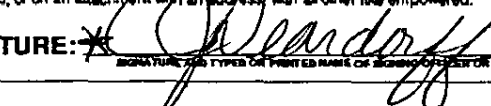


FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90054 034 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000035684			
1. Entity Name DETERMINATORS, INC.			
Principal Place of Business 10313 THOMPSON PLACE CLERMONT, FL 34711		Mailing Address 10313 THOMPSON PLACE CLERMONT, FL 34711	
2. Principal Place of Business 11209 HARDER RD. Suite, Apt. #, etc.		3. Mailing Address 11209 Harder Rd Suite, Apt. #, etc.	
City & State CLERMONT, FL		City & State CLERMONT FL	
Zip 34711	Country USA	Zip 34711	Country USA
4. FEI Number 59-3557028		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEARDORF, JANET L 10313 THOMPSON PLACE CLERMONT, FL 34711		7. Name and Address of New Registered Agent Name DEARDORFF, JANET L. Street Address (P.O. Box Number is Not Acceptable) 11209 Harder Road CLERMONT, FL City FL Zip Code 34711	
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 4-30-03 (NOTE: Registered Agent's signature required when changing)			
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 PSD	NAME DEARDORF, JANET L	TITLE PSD	NAME DEARDORFF, JANET L.
STREET ADDRESS 10313 THOMPSON PLACE	CITY-STATE-ZIP CLERMONT, FL 34711	STREET ADDRESS 11209 Harder Road	CITY-STATE-ZIP CLERMONT, FL 34711
TITLE VD	NAME DEARDORF, RICHARD A	TITLE VD	NAME DEARDORFF, RICHARD A.
STREET ADDRESS 10313 THOMPSON PLACE	CITY-STATE-ZIP CLERMONT, FL 34711	STREET ADDRESS 11209 Harder Rd.	CITY-STATE-ZIP CLERMONT, FL 34711
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	CITY-STATE-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: * 		4-30-03 352-394-1394	

CFR034 (10/02)