2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

S16504 **DOCUMENT #**

1. Entity Name

MEDIATION SPECIALISTS, INC.



T1LED Mar 20, 2003 8:00 am Secretary of State 03-20-2003 90164 020 ₹ 200

Principal Plac		;		g Address , WICKHAM RD.							,
SUITE 107			STE.	107	. •	•		•			1
MELBOURNE FL 32935 MELBOURNE F					NE_FL 32935				N 8881 BABA B	AN DIAN CIRN D	ARIT STRITTERI.
US			. US			. • •					
2. Principal Place of Business			3. Mailing Address								1031 01031 1003
Suite, Apt. #, etc.				Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. FEI Number 59-3053065			 	pplied For ot Applicable
Zip	Cou	intry	Zip		Count	try	5.	Certificate of Status Desired		\$8.75 Add Fee Require	
	6. Name and A	ddress of Current I	Registere	ed Agent			7.	Name and Address of New R	egistered .	Agent	
						Name					i
ALLEN, WAYNE L. 700 N WICKHAM RD					Street Address	(P.O. E	Box Number is Not Acceptable)			
SUITE 107	7										1
MELBOUR	RNE FL 32935					City			FL	Zip Cod	le
8. The above the obligat	named entity submions of registered a	its this statement for gent.	the purp	ose of changing its	registere	ed office or registe	ered ag	gent, or both, in the State of Flo	rida. Lam	familiar with,	and accept
SIGNATURE .	Signature, typed or printed	I name of registered agent a	nd title if app	olicable. (NOTE	: Registered	d Agent signature require	ed when r	reinstating)	DATE		
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 Fir Trust Fund Contributio			00 May Be d to Fees
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10.		OFFICERS AND I	DIRECTO		11.		AL	DUTTONS/CHANGES TO OFF	ICERS AND		
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I nereby 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 the empowered.

SIGNATURE:

321 254-7550