## FILED Apr 25, 2003 8:0

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UN	IILOUM BOSINE	33 REPUR	i (UDK)	Apr 23, 20	
1. Entity Nan	IMENT # \$7028 CIENCE, INC.	6		Secretary 04-25-2003 90122	
Principal Plac 2855 KIRBY A SUITE 4 PALM BAY FI US		Mailing Address 1081 PIEDMONT AVE N.E. PALM BAY FL 32907			
	•	3. Mailing Address 2855 KIRB Suite, Apt. #, etc. 50142#4	ciacle y Aue, NE.	CHECK HERE IF MAK	
City & State Palm Zip	Bay, Florida Country	City & State Palm BAY Zip	FL Country	4. FEI Number 59-3074413  5. Certificate of Status Desired	Applied For Not Applicable \$8.75 Additional
3290	6. Name and Address of Current F	32905 Registered Agent	USA	7. Name and Address of New Register	Fee Required red Agent
1081 PIEC	ks, steven d. Dmont avenue n.e.		Name Street Address	S RO. Box Number is Not Acceptable)	No Change.
PALM BA	Y FL 32907		City O /		FL Zip Code
3. 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  Signature, typed or printed tyme of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE					
Afte Make Checl	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of			Election Campaign Financing     Trust Fund Contribution.	Added to Fees
10.	OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFFICERS	
ITLE IAME STREET ADDRESS SITY-ST-ZIP	FREDRICKS, STEVEN D. 1081 PIEDMONT AVE NE PALM BAY FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
ITLE NAME STREET ADDRESS SITY-ST-ZIP	D VANAGS, EDGAR 278 GREENWAY AVENUE NE PALM BAY FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
ITLE IAME ITREET ADDRESS ITY-ST-ZIP	O FREDRICKS, LOIS A 1081 PIEDMONT AVENUE NE PALM BAY FL 32907	Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
ITLE IAME TREET ADDRESS ITY-ST-ZIP		□ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Change ☐ Addition
ITLE AME TREET ADDRESS ITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
ITLE AME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAG Dayling Prints #