2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# V00884

Entity Name: SVR CORP.

FILED Apr 16, 2002 8:00 AM Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
886 110TH AVE. NO. NAPLES, FL 34108			886 110TH AVE. NO. STE 5 NAPLES, FL 34108		
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
886 110TH STE 5 NAPLES, F					
FEI Number:	65-0304962	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
	ATRICK H EWOOD CT. ELAND, FL 33	937 US			
The above in the State		submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
		o satisfy its Intangible Tax filing req	uirement and elects to do so (X).		
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P (VAN RITE, SH. 10285 WINTE NAPLES, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () LUKAS, MARL 4315 SW 25TI CAPE CORAL	1 PLACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () CARSON, JOA 2818 SW 40TH CAPE CORAL	H ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VAN RITE, TA	() Delete //ARA FON LAKES CIR	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON VAN RITE P 04/16/2002