

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90034 020 ***150.00

DOCUMENT # **L22279**
1. Entity Name
EAST CENTRAL FLORIDA SERVICES, INC.



Principal Place of Business
**1700 13TH ST
STE 2
ST CLOUD FL 34769
US**

Mailing Address
**1700 13 ST
STE 2
ST CLOUD FL 34769
US**



2. Principal Place of Business
4550 Deer Park Rd
Suite, Apt. #, etc.

3. Mailing Address
4550 Deer Park Rd.
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
St. Cloud Florida
Zip
34773
Country

City & State
St. Cloud Florida
Zip
34773
Country
USA

4. FEI Number
59-2996410

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JAMES B. PAYNE
13754 DESERET LANE
ST CLOUD FL 34773**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 James B. Payne, President James B. Payne DATE 1-07-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S <input type="checkbox"/> Delete
NAME	JONES, CASEY O
STREET ADDRESS	139 E. SOUTH TEMPLE ST.
CITY-ST-ZIP	SALT LAKE CITY UT
TITLE	P <input type="checkbox"/> Delete
NAME	PAYNE, JAMES B.
STREET ADDRESS	13754 DESERET LANE
CITY-ST-ZIP	ST CLOUD FL
TITLE	D <input type="checkbox"/> Delete
NAME	LAMOREAUX, ROBERT D
STREET ADDRESS	50 E. NORTH TEMPLE ST.
CITY-ST-ZIP	SALT LAKE CITY UT
TITLE	D <input type="checkbox"/> Delete
NAME	SQUIRES, FERREN K
STREET ADDRESS	13754 DESERET LANE
CITY-ST-ZIP	SAINT CLOUD FL 34773
TITLE	V <input type="checkbox"/> Delete
NAME	JUDD, FRANK K
STREET ADDRESS	13754 DESERET LANE
CITY-ST-ZIP	ST CLOUD FL
TITLE	T <input checked="" type="checkbox"/> Delete
NAME	COOK, KENT L
STREET ADDRESS	13754 DESERET LANE
CITY-ST-ZIP	ST CLOUD FL

TITLE	S T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jones, Casey D
STREET ADDRESS	139 E South Temple St,
CITY-ST-ZIP	Salt Lake City, UT
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AS AT
STREET ADDRESS	Fowles, Kyle
CITY-ST-ZIP	13754 Deseret Lane St Cloud, FL 34773

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: James B. Payne, President James B. Payne DATE 1-07-03 DAYTIME PHONE # 407-957-4451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)