


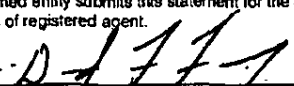

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

04-17-2003 90158 002 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P02000094725			
1. Entity Name F3, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 2480 SOUTHWEST MONTERREY LE.		3. Mailing Address 2480 SOUTHWEST MONTERREY LE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PORT ST. LUCIE, FL		City & State PORT ST. LUCIE, FL	
Zip 34593	Country	Zip 34953	Country
4. FEI Number 02-0674842		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name DAVID F. FARMER			
Street Address (P.O. Box Number is Not Acceptable) 2480 SOUTHWEST MONTERREY LE.			
City PORT ST. LUCIE		FL	Zip Code 34953
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: 			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR / PRESIDENT DAVID F. FARMER 2480 SOUTHWEST MONTERREY LE. PORT ST. LUCIE, FL 34953	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.			
SIGNATURE: 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date		Daytime Phone #	

CFR2034B (12/02)