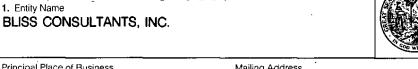
## **FILED** Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90140 008 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

346087 DOCUMENT #



Principal Place of Business 2227 HERSCHEL ST. JACKSONVILLE FL 32204		Mailing Address P.O. BOX 551260 JACKSONVILLE FL 32255 US							
2. Principal Place of Business		3. Mailing Address			_		dil dilli filli		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4.	FEI Number 59-1261795		pplied For ot Applicable	
Zip Country		Zip	Country		5.	Certificate of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Current F	Registered Agent			<u></u>	Name and Address of New Registered			
BI ISS TI	HOMAS M	Name							
BLISS, THOMAS M. 2227 HERSCHEL ST.		Street Ac		Street Addres	ss (P.O. Box Number is Not Acceptable)				
JACKSON	IVILLE FL 32204								
	The same of the sa	C		City	_	FL	Zip Cod	ie	
<ol><li>The above named entity submits this statement for the purpose of changing its regis the obligations of registered agent.</li></ol>				ed office or regis	tered ag	gent, or both, in the State of Florida. I am f	amiliar with,	and accept	
,									
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable (NO	TF Benisterer	Agent signature requ	ired when	reinstating) DATE			
	-	(1.0		, rigorit bigitata i requ					
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State				9. Election Campaign Financing Trust Fund Contribution.	\$5.0 ] Added	<b>)0</b> May Be d to Fees	
10.	OFFICERS AND D		11.				DIRECTOR	S IN 11	
TITLÉ	PD	☐ Delete	TITLE	-		BETTIETO, ITATOES TO OF TOETION TO	Change	Addition	
NAME	BLISS, THOMAS M.		NAME		P		A		
STREET ADDRESS	1849 MALLORY ST.		STREE	ET ADDRESS		liss, Thomas M.			
CITY-ST-ZIP	JACKSONVILLE FL	СП		ST-ZIP	4	4290 Ortega Blvd.			
TITLE	VPD	☐ Delete	TITLE		J	acksonville, FL 322	Change	☐ Addition	
NAME	BLISS, WILLIAM M. JR.		NAME						
STREET ADDRESS CITY-ST-ZIP	8055 WHISPER LAKE LN WEST PONTE VEDRA BCH FL	پ د د د ماره استان م		ST-ZIP'		3010 St. Johns Ave.	-		
TITLE	D	☐ Delete	TITLE	<del></del>	.1	Jacksonville, FL	32210 Change	- Addition	
NAME	BLISS, MARY M.	Delete	NAME				[_] Change	Addition	
STREET ADDRESS	5046 YACHT CLUB RD.			T ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL		CITY-	ST-ZIP				Ì	
TITLE		□ Delete	TITLE				☐ Change	☐ Addition	
NAME			NAME			•			
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			CITY-	ST-ZIP					
TITLE		☐ Delete	TITLE				Change	☐ Addition	
NAME STREET ADDRESS		e e	NAME						
CITY-ST-ZIP				T ADDRESS ST-ZIP					
TITLE	<u> </u>	☐ Delete	TITLE		_		☐ Change	Addition	
NAME		LI Delete	NAME					roution	
STREET ADDRESS		•		T ADDRESS					
				1					

12. I hereby certify that the information supplied with this filling 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:**