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## **2002 UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 21, 2002 8:00 am Secretary of State

1. Entity Nan	IMENT # PO1000 ESTMENTS, INC.			03-25-2002 9	•		•			
Principal Place 1567 BLANDIN JACKSONVILL		,	<del></del>		24521					
	•									
2. Principal	Place of Business	3. Mailing Address				1 1000 111 1000 111	TERL DOUT OCHL DOUG O	<b>a</b> fii <b>alau</b> i a <b>n</b> ii <b>a</b> bixe	DAN DI YORA (ODI	
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Sta	te	City & State			4.	A. FEI Number 372 8441 Applied For Not Applicable				]
Zip Country		Zip	Country		5.	Certificate of Status		\$8.75 Ad	ditional	1
	6.: Name and Address of Current R	legistered Agent				Name and Address		red Agent		1
HESTER, I	DAN			Name	Ronal	d L. Mull	is			
1567 BLA	NDING BLVD.			Sireel Address (P.O. Box Number is Not Acceptable) Blanding Boulevard						
JACKSON	VILLE FL 32210			City	Jacks	onville		FL Zip Cog	i2210	$\frac{1}{2}$
9. The shows	named entity submits this statement for	No								4
'SIGNATURE	Signature, typed or printed name of registered agent an				ure required when	reinstating)	Ċ,	3-12-02	<del></del>	
. 9. This corporation is eligible to satisfy its intangible  Tax filing requirement and elects to do so.  (See criteria on back)  Tax filing requirement and elects to do so.  Make Check Payable				will be \$5	50.00	Trust Fund Contribution. 55.00 May Be Added to Fees				
11.	OFFICERS AND D	IRECTORS	12.			DDITIONS/CHANGE	S TO OFFICERS	AND DIRECTOR		_ [
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD MULLIS, RONALD L 1567 BLANDING BLVD. JACKSONVILLE FL 32210	☐ Delete		E ET ADDRESS	rre	sident		Change با	Addition	BOEDSA 10/01
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HESTER, DAN 1567 BLANDING BLVD. JACKSONVILLE FL 32210	Delete	NAM STRE		Bre 15	Presiden nda M. To 67 Blandi ksonville	dd ng Boule		Addition	CBO
TITLE NAME SIREET ADDRESS CITY-SI-ZIP		Delete	TITLE - NAMI STRE		- 4		· ·	Change	Addition	
TITLE Name Street address City-St-Zip		☐ Delete				-		☐ Change	☐ Addition	
TITLE NAME Street address City-St-Zip		☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. •	☐ Delete						☐ Change	Addition .	
indicated	erify that the information supplied with the on this report or supplemental report is to coration or the receiver or trustee empower.	ue and accurate and that r	the exer	nption state ure shall ha	ive the same	legal effect as if mad	ie under oath; tha	at I am an officer	or director	

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3-12-02

904-389-2020

Daytime Phone #