2003 FOR PROFIT CORPORATION

P02000025427

Mailing Address

Principal Place of Business 7736 PASCHAL ST. 7736 PASCHAL ST. JACKSONVILLE FL 32220 JACKSONVILLE FL 32220 Apr 29, 2003 8:00 am Secretary of State **FILED**

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32220 Dural		32 Zip			ountry Ju <i>va</i> L		5. 0	Certificate of Status Desired	\$ F	8.75 Ace Requir	lditional ed		
Name and Address of Current Registered Agent								7. N	Name and Address of New Regi	stered Ag	ent		
HURLBERT, ALBERT R						Street Address (P.O. Box Number is Not Acceptable)							
7720 PASCHAL ST.													
JACKSONVILLE FL 32220													
						City				FL	Zip Co	de	
9. The above	culturate this statement for	d office or	rogietoro	d 200	ent, or both, in the State of Florida		niliac with	and accept					
	named entity ions of registe		r the purp	ose or changing its	registere	a onice or	registere	a age	ent, or both, in the State of Fiorida	a. ramiar	niilar with	, and accept	
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SIGNATURE .	Silver was a second o	r printed name of registered agent	And side if and	lineble (NIOTE	. Pagintoro	1 Accet cienct	so roquirod .		nicotating)	DATE			
			and title if app	ilicable. (NOTE	: Registeret	Agent signatu	re required v	wnen re	ensialing)	DATE			
FILE NOW!!! FEE IS \$150.00									9. Election Campaign Finance	ing "	\$5.0	00 May Be	
After May 1, 2003 Fee will be \$550.00									Trust Fund Contribution.	ँ 🗹		d to Fees	
Make Check Payable to Florida Department of State													
10.	nn	OFFICERS AND	DIRECTO		11.			AD	DDITIONS/CHANGES TO OFFICE				
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR