2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90313 047 ***150.33

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DOCUMENT # P02000034828

1. Entity Name
LWNSRVC4U, INC.

Principal Place of Business	Mailing Address
4446 HENDRICKS AVENUE SUITE 113 JACKSONVILLE FL 32207	4446 HENDRICKS AVENUE SUITE 113 JACKSONVILLE FL 32207

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1624 THACKER AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE FL	City & State
Zip: 32207 Country: DUVAL	Zip / Country

4. FEI Number: 043624645 ☐ 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
ADAMS, MICHEALYN C 1125 13TH AVENUE NORTH JACKSONVILLE BEACH FL 32250	Name: PERRY L COLE Street Address (P.O. Box Number is Not Acceptable): 1624 THACKER AVENUE City: JACKSONVILLE FL Zip Code: 32207

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: Perry L Cole
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COLE, PERRY L 4446 HENDRICK AVENUE, SUITE 113 JACKSONVILLE FL 32207 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COLE, PERRY L 1624 THACKER AVE JACKSONVILLE FL 32207 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 REQUIRED PERRY L. COLE 1-3-03 9043963605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #