2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

PQQ000054758



FILED Mar 17, 2003 8:00 am Secretary of State

1. Entity Name	-)034730		03-17-2003 90144 031 ***150.00	
Principal Place of Business 1050 RIVERSIDE AVE JACKSONVILLE FL 32201 2. Principal Place of Business		Mailing Address 13164 ATLANTIC BLVD JACKSONVILLE FL 32225 3. Mailing Address			
				(382)(882) (18 1811) 8811 8811 8811 8811 8811 881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 59-3585184 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current Re	egistered Agent		7. Name and Address of New Registered Agent	
			Name		
YONG, FRANK J			Street Address (P.O. Box Number is Not Acceptable)		
1050 RIVE	erside ave				
JACKSON	WILLE FL 32201				
<i></i>			City	FL Zip Code	
the phigat	ions of registered agent. Signature, typed or printed name of registered agent and		egistered office or regi		
FILE NOW!!! 'FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		State		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees	
10.	OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TURNER, SHELBY L 1926 OCEANFRONT NEPTUNE BEACH FL 32233	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TURNER, MARY L 1926 OCEANFRONT NEPTUNE BEACH FL 32233	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
		* - 	NAME - 1	europe en la companya de la companya	

NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 expressed.

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Daytime Phone #

☐ Change

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Change

Addition

Addition

☐ Addition