

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90079 010 ***150.00

DOCUMENT # P01000071495

1. Entity Name
1121 N. 3rd Street, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2275 Atlantic Blvd.

3. Mailing Address
P.O. Box 330108

Suite, Apt. #, etc.
100

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Neptune Beach, FL

City & State
Atlantic Beach, FL

4. FEI Number
59-3731546

Applied For
Not Applicable

Zip
32266

Country
Duval

Zip
32233-0108

Country
Duval

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Mary C. Sorrell, Esquire
Street Address (P.O. Box Number is Not Acceptable)
2275 Atlantic Blvd., Ste. 200

City
Neptune Beach FL Zip Code
32266

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS Chris Hionides 2275 Atlantic Blvd. Neptune Beach, FL 32266	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Chris Hionides
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

(904) 241-1501

Daytime Phone #

CR2E034B (12/01)