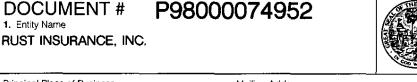
## **FILED** Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90093 043 \*\*\*150.00

## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 



Principal Place of Business 4711 HS HWY 17 SOUTH STE 2 Mailing Address 4711 HS HWY 17 SOUTH STE 2

ORANGE PARK FL 32003 ORANGE PARK FL 3200						
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc. Suite 3		Suite, Apt. #, etc. Suite 3		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-3547148 Applied For Not Applicable		
Zip	Country	Zip	Country		8.75 Additional	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered A	gent	
	· · · · · · · · · · · · · · · · · · ·		Name	Name		
rust, tim	IOTHY F		Street Address	(P.O. Box Number is Not Acceptable)	· · ·	
4711 US I	IWY 17 SOUTH STE 2					
ORANGE (	PARK FL 32073					
			City	FL	Zip Code	
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						
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	: Registered Agent signature require	ed when reinstating) DATE	<del>-</del>	
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.			11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUST, TIMOTHY F 4711 US HWY 17 S., STE. 2 ORANGE PARK FL 32073	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STRFET ADDRESS		Change Addition	

12. I hereby 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 product 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 or of like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP