FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 03, 2002 8:00 am Secretary of State

DO NOT WRITE IN THIS SPACE 2. Principal Place of Business Clook Remerchy Road 3. Mailing Address Breeze Court Suite, Apt. 4, etc. 2. Principal Place of Business Clook Remerchy Road 3. Mailing Address Breeze Court Suite, Apt. 4, etc. 2. Do NOT WRITE IN THIS SPACE 2. Principal Place of Business Clook Remerchy Road 3. Mailing Address Breeze Court Suite, Apt. 4, etc. 2. Do NOT WRITE IN THIS SPACE 2. Do NOT WRITE IN THIS SPACE 2. Do NOT WRITE IN THIS SPACE 3. Mailing Address Breeze Court Do NOT WRITE IN THIS SPACE 3. Applied For Not Applicable Space FL. 3. Applied For Not Applicable Space FL. 3. Name and Address of Current Registered Agent Name Country State State Space Required Court Space Address (P.D. Box Numbers Not Acceptable) 3. Name Court Registered Agent Space Court Space Court Space Address (P.D. Box Numbers Not Acceptable) 3. The above named entity submits this statement for the ourpose of changing its registered office or registered agent, or both, in the State of Florida. 3. The above named entity submits this statement for the ourpose of changing its registered office or registered agent, or both, in the State of Florida. 3. The above named entity submits this statement for the ourpose of changing its registered office or registered agent, or both, in the State of Florida. 3. The above named entity submits this statement for the ourpose of changing its registered office or registered agent, or both, in the State of Florida. 3. The above named entity submits this statement for the ourpose of changing its registered office or registered agent, or both, in the State of Florida. 3. The above named entity submits this statement for the ourpose of changing its registered office or registered agent, or both, in the State of Florida. 3. The above named entity submits this statement for the ourpose of changing its registered agent or registered agent. 4. FEI Number 59 - 17 3 41 7 1
2. Principal Place of Business G100 Kennerly Road 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State DackSonville FL Afficiants Gach FL Afficiate of Status Desired GackSonville FL Afficiate Gach FL Applied For Not A
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Suite, Apt. #, etc. City & State JackSonville Applied For Not Applicable \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent Name Name Not Applicable \$8.75 Additional Fee Required Fee Required Name Name Country Street Address (P.D. Box Numbers, is Not Acceptable) 3395 Occan Breeze Court City Atlantic Beach FL Zip Code 32233 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, hyper or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when remistating) Date 9. This corporation is eligible to satisfy its Intangible Tax filling requirement, and elects to do so. (See criteria on back) See Check Payable to Department of State 11. OFFICERS AND DIRECTORS Title NAME NAME Substance Applied For Not Applicable 4. FEI Number 59-1734171 Not Applicable Seach FL 4. FEI Number 59-1734171 Not Applicable Seach FL 4. FEI Number 59-1734171 Not Applicable Seach FL Applied For Not Applicable Seach FL Signature Department of State Not Applicable Seach FL Signature of Registered Agent State of Florida. Signature of Registered Agent State of Florida. 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Make Check Payable to Department of State
Tacksonville Atlantic Beach H. Sip 32316 Country 32216 Country Sip 32233 Country Signature Name and Address of Current Registered Agent Name Pohl, Robert Or, M.D. Street Address (Po. Box Number is Not Acceptable) Address (Po. Box Number is Not Acceptable) City Atlantic Beach City Atlantic Beach FL Zip Code 32233 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. typed or printed name of registered agent and title if applicable Not Applicable 7. Name and Address of Current Registered Agent Name City Atlantic Beach FL Zip Code 32233 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. typed or printed name of registered agent and title if applicable Name Pohl Robert Or M.D. Signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back). Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE NAME NAME
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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: X_______

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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