2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

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SIGNATURE AND THEE OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Jan 19, 2000 8:00 am Secretary of State **DOCUMENT # 603612** RUDY HERNANDEZ, PROFESSIONAL ASSOCIATION 01-19-2000 90112 038 ***150.00 Principal Place of Business Mailing Address 720 NORTH OCEAN ST 720 NORTH OCEAN ST U0005663 JACKSONVILLE FL 32202 JACKSONVILLE FL 32202-3043 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-1405079 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HERNANDEZ, RUDY Street Address (P.O. Box Number is Not Acceptable) 720 N. OCEAN ST. JACKSONVILLE FL 32202 Zip Code City e purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangi 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Change ☐ Delete TITLE HERNANDEZ, RUDY NAME NAME 720 N OCEAN STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL 00000 ☐ Delete TITLE Change ☐ Addition TITLE CLINE, ARDIS P. NAME NAME STREET ADDRESS 720 N. OCEAN ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE JACKSONVILLE FL Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 trusted empowered to execute this report as required by Chapter 697, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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