2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

649547 DOCUMENT

1. Entity Name



FILED Jan 14, 2003 8:00 am Secretary of State 01-14-2003 90062 011 ***150.00

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Sulfo, Apil 8, etc. City & State City & Cit	11403 MOTOR YACHT DR N JACKSONVILLE FL 32225		11403 MOTOR YACHT DR N JACKSONVILLE FL 32225								
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DESALVO, VINCENT F., JR. 11403 MOTOR YACHT DR N JACKSONVILLE FL 32225 City FL Zip Codo	Zip	Country	Zip	Zip Count		5.					
DESALVO, VINCENT F., JR. 11403 MOTOR YACHT DR N JACKSONVILLE FI. 32225 City		6. Name and Address of Current R	egistered Agent]	7.	Name and Address of New Regis	tered Ag	ent		
STREET ADDRESS OFF SCHOOL SCHO		Name									
ACKSON/ILE FL 3225 City FL Zip Code		, VINCENT F., JR.	Charat Address			. /D.O. E					
B. The above named entity submits this statement for the purpose of changing its registered eigent or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. City FL Zip Code	11403 M(OTOR YACHT DR N	Street Ad			s (P.O. E	sox number is not Acceptable)				
B. The above named entity submits this statement for the purpose of changing its registered eigent or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. City FL Zip Code	JACKSON	IVILLE FL 32225									
Best properties to be purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the polyigations of registered agent. Signature lignature of might with a statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the polyigation of registered agent. FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee Will be \$550.00 After May 1, 2003 Fee Will be \$550.00 Atter					City			FL	Zip Co	de	
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After May 1, 2003 Fee will be \$550.00 May Be Added Check Payable to Florida Department of State 10.	SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable. (NOTE	: Registere	d Agent signature require	ed when re	einstating)	DATE			
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	12. I hereby c	ertify that the information supplied with th	is filing does not qualify for	the exer	mption stated in S	Section	119.07(3)(i), Florida Statutes. I furth	ner 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 empowered.

SIGNATURE:

SIGNATURE REVOCEREDDESalvo, Jr., Pres. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR