2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731233

. Entity Name

LA SOCIETE DES QUARANTE HOMMES ET HUIT CHEVAUX,

				Mailing A	Address									
5443 SAN JUAN AVENUE JACKSONVILLE FL 32210			5443 SAN JUAN AVENUE JACKSONVILLE FL 32210											
2. Principal Place of Business				3. Mailing Address										1011 1105) (110)
Suite, Apt. #, etc.			Suite, Apt. #, etc.					DO NOT	WRITE IN	N THIS SI	PACE			
City & State				City & State					4. FEI Numbe	59-6153	288			oplied For
Zip		Country		Zip		Cou	intry		5. Certificate	of Status Desi	ired [8.75 Add	ditional
	6. Name	and Addres	s of Current I	Registered	Agent	<u> </u>			7. Name and	Address of N	lew Regis		ee Require	:0
·	0. Italile	and Address		Tiegisteres i			-Name-	LEWI						
HUTCHISON, EARL W 5738 LEXINGTON AVE (D JACKSONVILLE FL 32210			·			Street Address (P.O. Box Number is Not Acceptable)								
			(D	EATH)										
					0		APRICE	DR.			1 75- 0-4			
							City	JACK	SONVILI	Œ,		FL	322	\$4
8. The above	e named entity	submits this	statement for	r the purpose	e of changing its	registere	ed office or	registere	ed agent, or bot	h, in the state	of Florida			
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SIGNATURE		LEWÌS		RAY	X	\/#	<u>v⊆ /</u>	/ / /						
SIGNATURE			E . G.		able. (NOTe	E: Registered	Agent signatur	re required v	when reinstating)		,	DATE		
SIGNATURE		or printed name of		and title if applica	able. (NOTI	n Financir		\$5.00	May Be to Fees		Make Cl	DATE neck Pa	ayable to	
	Signature, typed o	or printed name of	f registered agent a	and title if applica 9. Ele Tri	lection Campaign	n Financir oution.	ng _	\$5.00 Added	May Be to Fees	1	Make Cl Depart	neck Pa	of State	
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12. 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 617, 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:

SIGNALUALTA

Edwards 4/14/01

904-771-3646

Daytime Phone #

CR2E037 (10/0