2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT

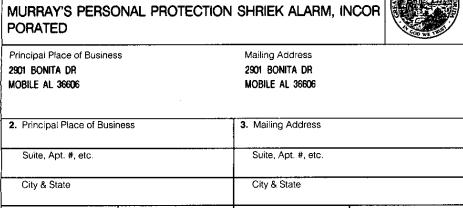
1. Entity Name

848610



Apr 28, 2003 8:00 am Secretary of State 04-28-2003 90168 047 ***150 00

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☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 63-0753331 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6.-Name and Address of Current Registered Agent NIXON, TARY L. Street Address (P.O. Box Number is Not Acceptable) 224 E. INTENDENCIA STREET PENSACOLA FL 32501 City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change Addition TITLE ☐ Delete TITLE PTD GOLOMB, MURRAY NAME NAME STREET ADDRESS 2901 BONITA DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MOBILE AL Change ☐ Addition ☐ Delete TITLE TITLE ۷D NAME NAME GOLOMB, TODD W. STREET ADDRESS STREET ADDRESS 2901 BONITA DR. CITY~ST-7IE CITY-ST-7IP MOBILE AL ☐ Addition Change ☐ Delete TITLE " NAME NAME GOLOMB, NORMA STREET ADDRESS STREET ADDRESS 2901 BONITA DR. CITY-ST-ZIP CITY-ST-ZIP MOBILE AL Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP