2000 UNIFORM BUSINESS REPORT, (UBR)

Suite, Apt. #, etc. City & State Country 6. Name and Address of Current Registered Agent Name SKINNER, WILLIAM H 4122 SAN JUAN AVE JACKSONVILLE FL 32210 City 3. The above named entity submits this statement for the purpose of changing its registered office or regis SIGNATURE Signature, byted or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required agent and title if applicable. (NOTE: Registered Agent signature required agent and title if applicable. (NOTE: Registered Agent signature required agent and title if applicable. (NOTE: Registered Agent signature required agent and title if applicable. (NOTE: Registered Agent signature required agent and title if applicable. (NOTE: Registered Agent signature required agent and title if applicable. (NOTE: Registered Agent signature required agent and title if applicable. (NOTE: Registered Agent signature required agent and title if applicable. (NOTE: Registered Agent signature required agent and title if applicable. (NOTE: Registered Agent signature required agent and title if applicable. (NOTE: Registered Agent signature required agent and title if applicable. (NOTE: Registered Agent signature required agent and title if applicable. (NOTE: Registered Agent signature required agent and title if applicable. (NOTE: Registered Agent signature required agent and title if applicable. (NOTE: Registered Agent signature required agent and title if applicable. (NOTE: Registered Agent signature required agent and title if applicable. (NOTE: Registered Agent signature required agent and title if applicable. (NOTE: Registered Agent signature required agent and title if applicable. (NOTE: Registered Agent signature required agent and title if applicable. (NOTE: Registered Agent signature required agent and title if applicable. (NOTE: Registered Agent signature required agent and title if applicable. (NOTE: Registered Age	SECRETARY OF STATE DIVISION OF CORPORATIONS OO MAY 23 PM 1: 33 DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2894083 Applied For Not Applicable 5. Certificate of Status Desired Sa.75 Additional Fee Required 7. Name and Address of New Registered Agent S (P.O. Box Number is Not Acceptable) FL Zip Code
20TH AVE STARKE FL 32610 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country SKINNER, WILLIAM H 4122 SAN JUAN AVE JACKSONVILLE FL 32210 City 3. The above named entity submits this statement for the purpose of changing its registered office or regis SIGNATURE Signature, typed or printed name of registered agent and use if applicable. A GENERAL PARTNER THAT, IS A BUSINESS ENTITY, MUST BE REGINED NOTE: General Partners MAY NOT be changed on the form; an amendm A GENERAL PARTNER INFORMATION 3. SKINNER, WILLIAM H 4122 SAN JUAN AVE. JACKSONVILLE FL SKINNER, WILLIAM H 4122 SAN JUAN AVE. JACKSONVILLE FL SKINNER, WILLIAM H 4122 SAN JUAN AVE. JACKSONVILLE FL SKINNER, WILLIAM H 4122 SAN JUAN AVE. JACKSONVILLE FL SKINNER, WILLIAM H 4122 SAN JUAN AVE. JACKSONVILLE FL SKINNER, SKINNER, WILLIAM H 4122 SAN JUAN AVE. JACKSONVILLE FL SKINNER, SKINNER, WILLIAM H 4122 SAN JUAN AVE. JACKSONVILLE FL SKINNER, SKI	DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2894083 Applied For Not Applicable 5. Certificate of Status Desired Sa.75 Additional Fee Required 7. Name and Address of New Registered Agent S (P.O. Box Number is Not Acceptable) FL Zip Code
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4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in indicated on this report is true and accurate and that my signature shall have the same legal effect as the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes	