2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

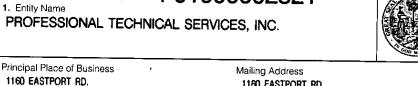
F01000002521 DOCUMENT

1. Entity Name

2. Principal

Suite, Ap

JACKSONVILLE FL 32218



1160 EASTPORT RD.

Suite, Apt. #, etc.

JACKSONVILLE FL 32218



FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90113 006 ***150.00

90003129

2000440											
	CHECK HERE IF MAKING CHANGES .										
	4. FEI Number 71-0774354 Applied For Not Applicable	e									
	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required										
	7. Name and Address of New Registered Agent	7									
	· · · · · · · · · · · · · · · · · · ·	7									
3 (F	2.O. Box Number is Not Acceptable)										
	FL Zip Code										
ere	d agent, or both, in the State of Florida. I am familiar with, and accept	1									
ed v	vhen reinstating) DATE										
٠-,	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution: Added to Fees	-									
	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	-									
	☐ Change ☐ Addition										
	ı	CR2E034 (10/02)									
	Change Addition	88									
	NA NA										
	☐ Change ☐ Addition										
	Change Addition										

30	CO DIVAY	32218	Duval	3. Certificate of St	atus Desired	Fee Requir	edillorran ed	
	6. Name and Address of Current R	egistered Agent		7. Name and Add	ress of New Registered		· · · · · · · · · · · · · · · · · · ·	
Paretti	e. Keith		Name			30		
	STPORT RD.		Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
JACKSO	NVILLE FL 32218							
			City		FL	Zip Cod	le .	
8 The above	named entity submits this statement for	db =						
the obligat	e named entity submits this statement for t tions of registered agent.	ine purpose of changing its r	egistered office or reg	istered agent, or both, in t	he State of Florida. I am	familiar with,	and accept	
·								
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable ANOTE	Balling 1A					
		nue il applicacie. (NOTE:	Registered Agent signature re-	quired when reinstating)	DATE			
ê F	ILE NOW!!! FEE IS \$150.00	. [9. Election	O			
Aπeι Make Check	r May 1, 2003 Fee will be \$550,00 k Payable to Florida Department of S	****		9. Election Trust Fur	Campaign Financing	\$5.0	May Be	
			<u> </u>) , root t di		Audel		
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHAN	IGES TO OFFICERS AND	DIRECTOR	S IN 11	
TITLE NAME	PADETTE MEGIL	☐ Delete	TITLE			☐ Change	☐ Addition	
STREET ADDRESS	PARETTE, KEITH 1160 EASTPORT RD.		NAME					
CITY-ST-ZIP	JACKSONVILLE FL		STREET ADDRESS)			
TITLE	V		CITY-ST-ZIP					
NAME	•	☐ Delete	TITLE			Change	Addition	
STREET ADDRESS	HOLLAND, KEITH 8299 NW 30TH TERRACE		NAME		•			
CITY-ST-ZIP	MIAMI FL		STREET ADDRESS CITY-ST-ZIP		**.4			
TITLE	V			<u> </u>				
NAME	TRIVETTE, KATHRYN	☐ Delete	TITLE			☐ Change	☐ Addition	
STREET ADDRESS	1160 EASTPOINT ROAD		NAME Street Address		•		İ	
CITY-ST-ZIP	JACKSONVILLE FL 32218-2214		CITY-ST-ZIP					
TITLE	12 02210 2217	□ Delete	TITLE	16	·_			
NAME		L Defete	NAME			☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE	-	☐ Delete	TITLE			[] (h	· · · · · · · · · · · · · · · · · · ·	
NAME		La Designe	NAME			Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS				Ì	
CITY-ST-ZIP			CITY-ST-ZIP				1	
TITLE		□ Delete	TITLE	· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition	
NAME			NAME			L., Unange	i Audition	
STREET ADDRESS		_	STREET ADDRESS				l	
CITY-ST-ZIP			CITY-ST-ZIP					
12. I hereby ce	ertify that the information supplied with this	s filing does not qualify for th	e exemption stated in	Section 119.07(3)(i), Florid	da Statutes. I further certif	fy that the in	formation	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: